



SHIP

Progress Report

Florida State Health Improvement Plan Progress Report, 2018

June 2019

Table of Contents

| | |
|--|----|
| Acknowledgments | iv |
| Introduction | 1 |
| Process..... | 2 |
| Priority Areas Workgroups | 2 |
| Process for Review and Revision of the SHIP | 2 |
| 2018 Year in Review | 3 |
| Partnership Engagement..... | 4 |
| Introduction of a New Priority Area: Alzheimer’s Disease and Related Dimentias | 4 |
| Overall Progress for Year One of SHIP Implementation | 5 |
| 2018 Progress Review by Priority Area | 7 |
| SHIP Priority 1: Health Equity | 9 |
| Performance & Revisions | 9 |
| Areas of Excellence..... | 20 |
| Opportunities for Improvement and/or Next Steps | 20 |
| SHIP Priority 2: Maternal & Child Health | 21 |
| Performance & Revisions | 21 |
| Areas of Excellence..... | 27 |
| Opportunities for Improvement and/or Next Steps | 28 |
| SHIP Priority 3: Immunizations & Influenza | 29 |
| Performance & Revisions | 29 |
| Areas of Excellence..... | 32 |
| Opportunities for Improvement and/or Next Steps | 32 |

| | |
|---|-----------|
| SHIP Priority 4: Injury, Safety & Violence | 33 |
| Performance & Revisions | 33 |
| Areas of Excellence..... | 42 |
| Opportunities for Improvement and/or Next Steps | 43 |
| SHIP Priority 5: Healthy Weight, Nutrition & Physical Activity | 45 |
| Performance & Revisions | 45 |
| Areas of Excellence..... | 50 |
| Opportunities for Improvement and/or Next Steps | 50 |
| SHIP Priority 6: Behavioral Health—Includes Mental Illness & Substance Abuse | 51 |
| Performance & Revisions | 51 |
| Areas of Excellence..... | 57 |
| Opportunities for Improvement and/or Next Steps | 57 |
| SHIP Priority 7: Sexually Transmitted Diseases—Includes Other Infectious Diseases | 58 |
| Performance & Revisions | 58 |
| Areas of Excellence..... | 64 |
| Opportunities for Improvement and/or Next Steps | 64 |
| SHIP Priority 8: Chronic Diseases & Conditions—Includes Tobacco-Related Illnesses & Cancer..... | 65 |
| Performance & Revisions | 65 |
| Areas of Excellence..... | 74 |
| Opportunities for Improvement and/or Next Steps | 75 |
| SHIP Priority 9: Alzheimer’s Disease & Related Dementias | 76 |
| Goals, Strategies & Objectives | 76 |
| Appendices | 79 |
| I. 2018 SHIP Annual Progress Review & Revisions Meeting Materials | 80 |
| a. 2018 Annual Review Meeting Agenda | 81 |
| b. 2018 Annual Review Meeting Minutes | 83 |

| | |
|--|-----|
| II. List of Priority Area Workgroup Members by Priority Area | 93 |
| a. Health Equity | 94 |
| b. Maternal & Child Health..... | 95 |
| c. Immunizations & Influenza..... | 97 |
| d. Injury, Safety & Violence | 98 |
| e. Healthy Weight, Nutrition & Physical Activity..... | 100 |
| f. Behavioral Health (Includes Mental Illness & Substance Abuse)..... | 101 |
| g. Sexually Transmitted Diseases & Other Infectious Diseases..... | 102 |
| h. Chronic Diseases & Conditions (includes Cancer & Tobacco-related Illness) | 103 |
| i. Alzheimer’s Disease & Related Dementias..... | 104 |

Acknowledgments

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Introduction

Under the leadership of the State Surgeon General, the Florida Department of Health tasked a diverse group of partners with creating a blueprint for action, culminating in Florida's State Health Improvement Plan (SHIP). The five-year SHIP sets goals for Florida's public health system which includes a range of stakeholders, such as state and local government agencies, health care providers, employers, community groups, universities and schools, non-profit organizations and advocacy groups. The Department used a collaborative planning process to foster shared ownership and responsibility for the plan's implementation, with the aim of efficient and targeted collective action to improve the health of Floridians.

Process

The SHIP Steering Committee directed a comprehensive State Health Assessment (SHA) to identify the most important health issues affecting Floridians. The SHA ensured that selected priorities were supported by data about the health status of Florida's residents, the effectiveness of Florida's public health system in providing the essential services, residents' perceived quality of life and factors outside of health that impact health, now or in the future. A description of this process as well as the findings and list of participants are presented in the complete State Health Assessment.

The SHIP Steering Committee set priorities in eight areas by identifying cross-cutting strategic issues that emerged from the SHA key findings. After a series of meetings, the SHIP Steering Committee reached consensus on goals, strategies and objectives for each priority area.

Priority Area Workgroups

Once the SHIP Steering Committee approved the recommended priorities, eight priority area workgroups (PAWs) were formed. Each PAW is led by an internal and external co-chair that have subject matter expertise specific to that priority area. Over the course of the five-year plan, the priority area workgroups meet quarterly to implement and track progress on the SHIP. Workgroups recommend revisions of the plan to the SHIP Steering Committee, who meet at least twice a year to monitor progress and at least annually to revise the plan. Partners' collective monitoring, reporting progress and revising will ensure the plan remains relevant and effective.

Process for Review and Revision of the SHIP

On June 5, 2019, the Florida Department of Health facilitated the 2018 SHIP Annual Review and Revisions meeting. Each PAW presented highlights from the past year of implementation and proposed any changes to strategies or objectives to the SHIP Steering Committee for consideration. Overall progress of SHIP implementation over the past year was also discussed. After each PAW presentation, the steering committee membership deliberated over the information and provided a consensus agreement on accepting the proposed recommendations.

2018 Year in Review

Partnership Engagement

The SHIP Steering Committee consists of a very diverse membership which includes universities, colleges, private organizations, government agencies and advocacy groups. All partners share a similar responsibility in ensuring that the state of Florida provides the necessary conditions for residents and visitors to have opportunities to lead healthy lives and make healthy lifestyle choices. The Florida Department of Health's role in the SHIP is one of a convener and facilitator of the process. The partners provide critical substantive direction on the plan's goals and strategies, making the engagement a true statewide partnership.

The initial 2017-2021 SHIP Steering Committee consisted of eighteen (18) partner organizations that were designated by the Executive Leadership team of the Florida Department of Health. However, within the first year of implementation, the steering committee membership expanded to include an additional eleven (11) additional experts and professionals addressing the public health needs of Floridians. The following organizations have been added to the Steering Committee in 2018:

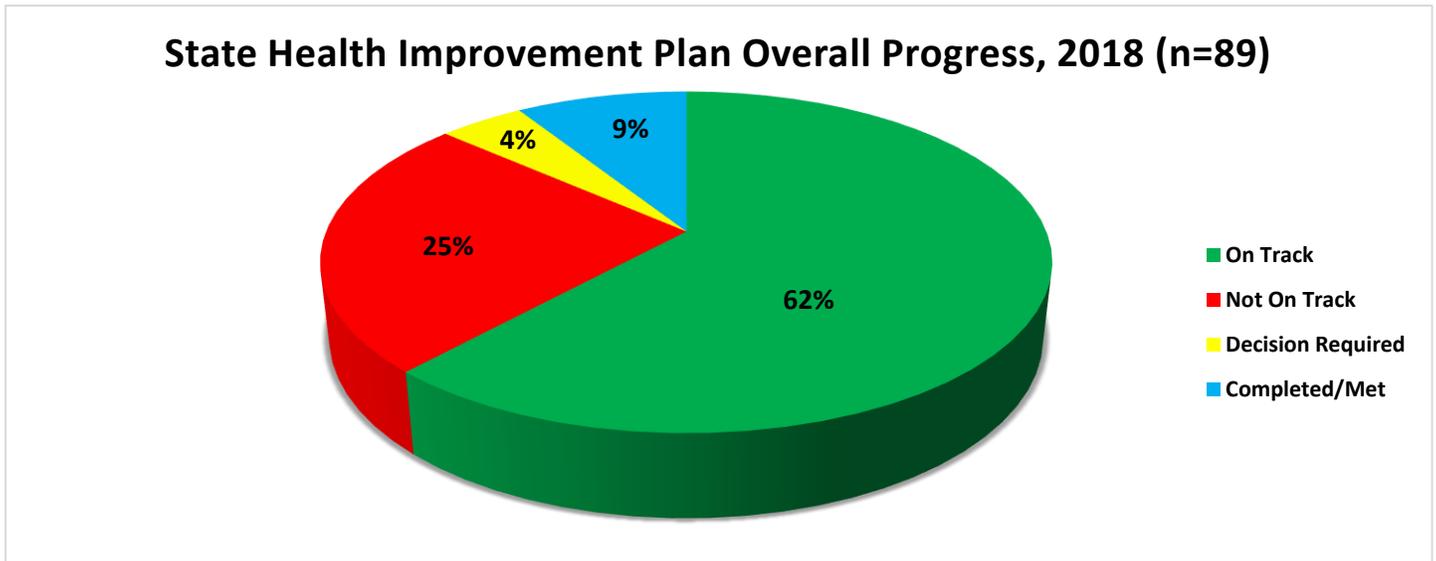
- I. Agency for Persons with Disabilities
- II. Florida Association of Health Plans, Inc.
- III. Florida Behavioral Health Association
- IV. Florida Philanthropic Network
- V. Florida Department of Health in Franklin/Gulf Counties
- VI. Florida Department of Health in Nassau County

Introduction of a New Priority Area: Alzheimer's Disease and Related Dementias

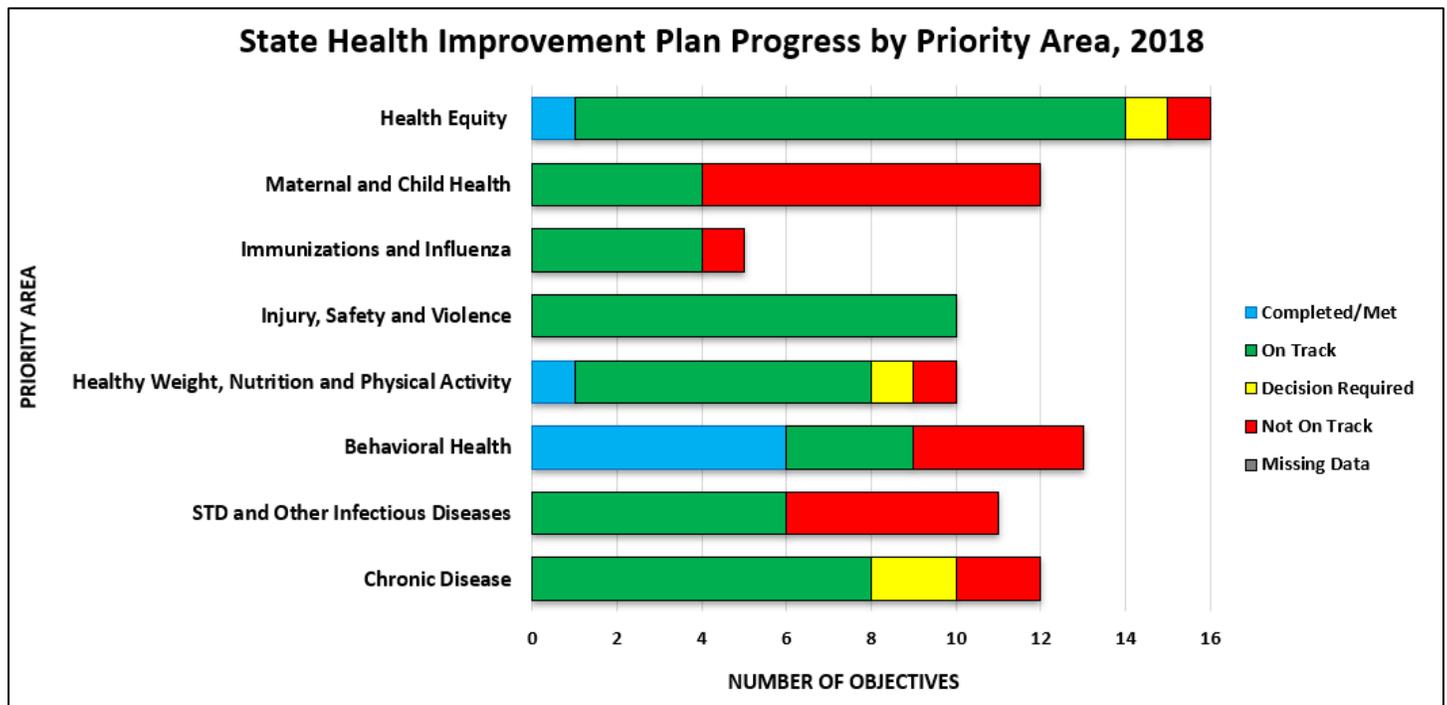
Under the direction of Governor Ron DeSantis, a ninth (9th) priority area was added to the SHIP – *Alzheimer's Disease and Related Dementias*. Alzheimer's disease is an irreversible, progressive brain disorder that slowly destroys memory and thinking skills, and eventually the ability to carry out the simplest tasks. It is the most common cause of dementia among adults 65 years and older. Previous studies have shown that African Americans are about twice as likely, and Hispanics are about one and one half times as likely to develop Alzheimer's disease or other dementias compared to older White Americans. Women are also at a higher risk of developing Alzheimer's than men. Currently, two-thirds of Americans with Alzheimer's disease are women. There is no known cure for Alzheimer's disease; however, innovative research may provide hope for prevention and effective treatment for the disease.

The Alzheimer's Disease and Related Dementias priority area was introduced to the SHIP Steering Committee on May 5, 2019 at a special meeting held at the Florida Department of Health. Initiatives under this new priority area include establishing the Florida Department of Health as a Center of Excellence pursuant to the Building Our Largest Dementia Infrastructure for Alzheimer's (BOLD) Act, instituting a dedicated dementia director position for Florida, and expanding the Dementia Cure and Care Initiative task force. To assist in efforts to address Alzheimer's disease, the Bold Vision for a Brighter Future Budget includes three million dollars (\$3,000,000) to support the Alzheimer's disease initiative.

Overall Progress for Year One of SHIP Implementation



SHIP progress is assessed annually on a calendar year basis. In 2018, the SHIP contained eight (8) priorities with eighty-nine (89) objectives to track and monitor success of the plan. The above graph is a depiction of the overall progress of the SHIP as of December 2018. Seventy-one percent (71%) of all SHIP objectives are designated as *On Track* or *Completed/Met* (62% and 9%, respectively). In other words, over two-thirds of the plan’s objectives are either currently meeting or exceeding expectations or have already met or exceeded their set targets in the first year of implementation. The remaining twenty-nine percent (29%) of all objectives, however, are either *Not on Track* or a decision is required to move them forward. A *Not On Track* or *Decision Required* status indicate that guidance from the SHIP Steering Committee is needed to move the needle on these objectives. Below is a graph depicting the overall progress by priority area.



2018 Progress Review by Priority Area



Performance & Revisions

Goal HE1: Establish shared understanding across all sectors (including, but not limited to, state and local agencies and other organizations) concerning information and issues surrounding Health Equity (HE), Cultural Competency/Sensitivity, and how Social Determinants of Health (SDOH) influence the health of Florida's residents and communities

Strategy HE1.1: Assess the knowledge, skills, and abilities of members of state and local agencies, other organizations, and stakeholders as it related to HE, Cultural Competency/Sensitivity, and SDOH mitigation strategies and approaches

| 2018 Performance | | | | | | |
|--|---|----------|-----------------------|-------------|-------|----------|
| Objective Number | Objective | Baseline | 2018 Progress Measure | Plan Target | Trend | Status |
| HE1.1.1 | By December 31, 2019, identify and conduct HE, Cultural Competency/Sensitivity, and SDOH knowledge, skills, and abilities baseline assessments in identified organizations. | 0% | 35% | 100% | ▲ | On track |
| 2019 Revisions | | | | | | |
| HE1.1.1 | By December 31, 2019, identify HE, Cultural Competency/Sensitivity, and SDOH knowledge, skills, and abilities assessments. | | | 100% | | |
| HE1.1.2 | By December 31, 2021, conduct HE, Cultural Competency/Sensitivity, and SDOH knowledge, skills, and abilities assessments in identified organizations. | | | 100% | | |
| Rationale | | | | | | |
| <p>While progress has been made to achieve the objective, the current objective as it is written is double-barreled and consequently, difficult to measure. The revised objectives allow for prioritized focused on the key components of the original indicator in a step-wise, ordered fashion. By the end of 2019, the PAW will have completed identification of tools to assess health equity, cultural competency/sensitivity, and SDOH knowledge, skills and abilities. Moving forward, the PAW will identify the specific organizations and the methodology for conducting the assessments.</p> | | | | | | |

Health Equity

Strategy HE1.2: Improve information sharing, availability, and access to educational opportunities related to understanding and addressing HE, Cultural Competency/Sensitivity, and SDOH

| 2018 Performance | | | | | | |
|---|--|----------|-----------------------|-------------|-------|----------|
| Objective Number | Objective | Baseline | 2018 Progress Measure | Plan Target | Trend | Status |
| HE1.2.1 | By December 31, 2021, identify and/or create and maintain a training repository/inventory that provides quick and easy access to a variety of trainings for a variety of audiences on HE, Cultural Competency/Sensitivity, and SDOH and monitor utilization. | 0% | 20% | 100% | ▲ | On track |
| 2019 Revisions | | | | | | |
| HE1.2.1 | By June 30, 2020, develop a training repository/inventory that provides quick and easy access to a variety of trainings for a variety of audiences on HE, Cultural Competency/Sensitivity, and SDOH. | | | 100% | | |
| HE1.2.2 | By December 31, 2021, maintain the developed training repository/inventory that provides quick and easy access to a variety of trainings for a variety of audiences on HE, Cultural Competency/Sensitivity, and SDOH. | | | 100% | | |
| Rationale | | | | | | |
| <p>While progress has been made to achieve the objective, the current objective as it is written is double-barreled and consequently, difficult to measure. The new objectives allow for prioritized focus of the key components of the original indicator in a step-wise, ordered fashion. Over the next year, the PAW will focus efforts on developing an easily accessible training repository/inventory to increase awareness of the various training courses available. Moving forward, the PAW will develop processes to maintain this repository and methods for individuals to recommend the inclusion of new trainings. Methods will also be established to monitor utilization of the repository through the implementation plan.</p> | | | | | | |

Health Equity

Strategy HE1.3: Influence changes in organizations and communities to increase the awareness, capacity, and proficiency of Florida's workforce as it relates to issues pertaining to HE, Cultural Competency/Sensitivity, and SDOH

| 2019 Revisions | |
|--|---|
| HE1.3 | The SHIP Steering Committee approved the deletion of this strategy. |
| Rationale | |
| As written, this strategy is very broad and leaves a lot open to interpretation. The PAW recommended deleting this strategy to allow efforts to be focused on achieving the revised objectives for Goal 1, Strategies 1 and 2. | |

| 2018 Performance | | | | | | |
|--|---|----------|-----------------------|-------------|---|----------|
| Objective Number | Objective | Baseline | 2018 Progress Measure | Plan Target | Trend | Status |
| HE1.3.1 | By December 31, 2021, increase the number of state agencies and organizations that have incorporated HE, Cultural Competency/Sensitivity, and SDOH trainings into annual mandatory trainings plans from baseline to 20. | 0 | 0 | 20 |  | On track |
| 2019 Revisions | | | | | | |
| HE1.3.1 | The SHIP Steering Committee approved the deletion of this objective. | | | | | |
| Rationale | | | | | | |
| As written, this objective is very broad and leaves a lot open to interpretation. The PAW recommended deleting this objective to allow efforts to be focused on achieving the revised objectives for Goal 1, Strategies 1 and 2. | | | | | | |

Health Equity

Goal HE2: Strengthen the capacity of state and local agencies and other organizations to work collaboratively with communities to reduce disparities in Social Determinants of Health (SDOH) and advance Health Equity (HE)

Strategy HE2.1: Identify existing best practices and innovative approaches and systems that have successfully addressed SDOH associated health inequities

| 2019 Revisions | |
|---|---|
| HE2.1 | The SHIP Steering Committee approved the deletion of this strategy. |
| Rationale | |
| While progress has been made, the strategy is not worded very clearly and is duplicative of Goal 2, Strategy 2. | |

| 2018 Performance | | | | | | |
|--|--|----------|-----------------------|-------------|-------|----------|
| Objective Number | Objective | Baseline | 2018 Progress Measure | Plan Target | Trend | Status |
| HE2.1.1 | By December 31, 2019, search for resources, organizations, and stakeholders that can help identify best practices and most successful examples of working collaboratively to address the SDOH (including, but not limited to, poverty, income, employment, and education). | 0% | 50% | 100% | ▲ | On track |
| 2019 Revisions | | | | | | |
| HE2.1.1 | The SHIP Steering Committee approved the deletion of this objective | | | | | |
| Rationale | | | | | | |
| While progress has been made, the objective is not worded very clearly and is duplicative of Goal 2, Strategy 2. | | | | | | |

Health Equity

Strategy HE2.1: Expand documentation, dissemination, and implementation of best practices to improve HE and reduce disparities in SDOH to increase coordination and collaboration among county health departments, state and local governments, community organizations, school districts, the health care system, universities and other interested parties

| 2019 Revisions | | | | | | |
|---|--|----------|-----------------------|-------------|-------|--------|
| Objective Number | Objective | Baseline | 2018 Progress Measure | Plan Target | Trend | Status |
| HE2.2.1 | <u>By June 30, 2020, develop a web site that provides streamlined access to resources</u> and best practice examples of working collaboratively to improve HE and address SDOH. | 0% | | 100% | | |
| HE2.2.2 | <u>By December 31, 2021, maintain the web site that provides streamlined access to resources</u> and best practice examples of working collaboratively to improve HE and address SDOH. | 0% | | 100% | | |
| Rationale | | | | | | |
| The revised objectives provide a step-wise approach to achieving the associated goal. Over the next year, the PAW will work to create a website to provide streamlined access to resources and best practice examples of working collaborative to improve health equity and address the SDOH. Moving forward, the PAW will develop processes to maintain this website and methods for individuals to submit new resources and best practice examples. Methods will also be established to monitor utilization of the website through the implementation plan. | | | | | | |

Blue underlined text denotes new language added

| 2018 Performance | | | | | | |
|--|--|----------|-----------------------|-------------|-------|----------|
| Objective Number | Objective | Baseline | 2018 Progress Measure | Plan Target | Trend | Status |
| HE2.2.2 | By December 31, 2019, identify and promote existing services and materials to improve HE and reduce disparities in SDOH. | 0% | 35% | 100% | ▲ | On track |
| 2019 Revisions | | | | | | |
| The SHIP Steering Committee approved the deletion of this objective. | | | | | | |
| Rationale | | | | | | |
| This objective is somewhat duplicative and has been incorporated into the revised objective above. | | | | | | |

Health Equity

Goal HE3: Strengthen the capacity of the state and local agencies and other organizations who work collaboratively with communities and each other to support the specific needs of Florida's most vulnerable populations

Strategy HE3.1: SDOH Domain – Economic Stability: Promote opportunities for vulnerable individuals and their communities to achieve long-term economic stability

| 2018 Performance | | | | | | |
|------------------|---|----------|-----------------------|-------------|---|-------------------|
| Objective Number | Objective | Baseline | 2018 Progress Measure | Plan Target | Trend | Status |
| HE3.1.1 | By December 31, 2018, develop 12 individualized plans for counties identified with greatest need to identify opportunities to improve economic stability. | 0 | 12 | 12 |  | Completed/ Met |

Strategy HE3.2: SDOH Domain – Education: Promote equity in educational access and outcomes

| 2018 Performance | | | | | | |
|------------------|--|----------|--|-------------|---|----------|
| Objective Number | Objective | Baseline | 2018 Progress Measure (Actual 2016-17) | Plan Target | Trend | Status |
| HE3.2.1 | By December 31, 2020, reduce the graduation rate gap between White and African American students from 12.8% (2015-16) to 9.8%. | 12.8% | 11.4% | 9.8% |  | On track |

Health Equity

| 2018 Performance | | | | | | |
|---|---|----------|--|-------------|-------|----------|
| Objective Number | Objective | Baseline | 2018 Progress Measure (Actual 2016-17) | Plan Target | Trend | Status |
| HE3.2.2 | By December 31, 2020, reduce the graduation rate gap between non-economically disadvantaged and economically disadvantaged students from 13.1% (2015-16) to 10.2%. | 13.1% | 11.8% | 10.2% | ▼ | On track |
| 2019 Revisions | | | | | | |
| Objective Number | Objective | Baseline | 2018 Progress Measure | Plan Target | Trend | Status |
| HE3.2.2 | By December 31, 2020, reduce the graduation rate gap between non-economically disadvantaged and economically disadvantaged students from 13.1% (2015-16) to 10. <u>1</u> %. | 13.1% | | 10.1% | | |
| Rationale | | | | | | |
| The revised target aligns with the Florida Department of Education's Every Student Succeeds Act State Plan that was submitted to the United States Department of Education on September 24, 2018. | | | | | | |

Blue underlined text denotes new language added

| 2018 Performance | | | | | | |
|---|---|----------|--|-------------|-------|----------|
| Objective Number | Objective | Baseline | 2018 Progress Measure (Actual 2016-17) | Plan Target | Trend | Status |
| HE3.2.3 | By December 31, 2020, reduce the graduation rate gap between students with disabilities and students without disabilities from 21.5% (2015-16) to 15.9%. | 21.5% | 18.3% | 15.9% | ▼ | On track |
| 2019 Revisions | | | | | | |
| HE3.2.3 | By December 31, 2020, reduce the graduation rate gap between students with disabilities and students without disabilities from 21.5% (2015-16) to 15. <u>7</u> %. | 21.5% | | 15.7% | | |
| Rationale | | | | | | |
| The revised target aligns with the Florida Department of Education's Every Student Succeeds Act State Plan that was submitted to the United States Department of Education on September 24, 2018. | | | | | | |

Blue underlined text denotes new language added

Health Equity

Strategy HE3.3: SDOH Domain – Health and Health Care Access: Promote coordination and collaboration between health care and affiliated industries, the business community, and community organizations to increase utilization of innovative approaches to address disparities in preventative and primary care for underserved and uninsured populations

| 2018 Performance | | | | | | |
|--|--|----------|--|-------------|-------|--------------|
| Objective Number | Objective | Baseline | 2018 Progress Measure (Actual 2016-17) | Plan Target | Trend | Status |
| HE3.3.1 | By December 31, 2021, increase the percentage of adults who have a personal doctor from 77.9% (2015) to 81.6%. | 77.9% | 72% | 81.6% | ▼ | Not on Track |
| 2019 Revisions | | | | | | |
| HE3.3.1 | By December 31, 2021, <u>reduce the percentage of adults who could not see a doctor in the past year due to cost from 16.3% (2017) to 14.7%.</u> | 16.3% | | 14.7% | | |
| Rationale | | | | | | |
| The current objective is not a good fit for the intent of strategy. The revised objective incorporates health care access more strongly but is still somewhat limited as a population-based survey estimate. The PAW would ultimately like to identify a different objective and will engage partners to determine if a more focused objective can be identified to propose in future years. | | | | | | |

Blue underlined text denotes new language added

Strategy HE3.4: SDOH Domain – Neighborhood and the Built Environment: Promote fiscal, environmental, and policy approaches that increase affordable housing, improve neighborhood safety and access to healthy foods, and encourage community design and development that enhances access to and availability of physical activity opportunities to improve health outcomes and equity

| 2018 Performance | | | | | | |
|--|---|----------|-----------------------|-------------|-------|----------|
| Objective Number | Objective | Baseline | 2018 Progress Measure | Plan Target | Trend | Status |
| HE3.4.1 | By December 31, 2021, decrease the percentage of Floridians who lack adequate access to food from 15.1% (2015) to 8%. | 15.1% | 13.9% | 8% | ▼ | On track |
| 2019 Revisions | | | | | | |
| The SHIP Steering Committee approved the deletion of this objective. | | | | | | |
| Rationale | | | | | | |
| This objective is already included in the Healthy Weight, Nutrition & Physical Activity priority area. | | | | | | |

Health Equity

| 2018 Performance | | | | | | |
|--|--|----------|-----------------------|-------------|-------|----------|
| Objective Number | Objective | Baseline | 2018 Progress Measure | Plan Target | Trend | Status |
| HE3.4.2 | By December 31, 2021, increase the percentage of Florida's population within one mile of bike land and/or shared use paths from 42% (2017) to 45%. | 42% | 42% | 45% | | On track |
| 2019 Revisions | | | | | | |
| The SHIP Steering Committee approved the deletion of this objective. | | | | | | |
| Rationale | | | | | | |
| This objective is already included in the Healthy Weight, Nutrition & Physical Activity priority area. | | | | | | |

| 2018 Performance | | | | | | |
|------------------|---|----------|-----------------------|-------------|-------|----------|
| Objective Number | Objective | Baseline | 2018 Progress Measure | Plan Target | Trend | Status |
| HE3.4.3 | By December 31, 2021, decrease the proportion of renter households in Florida that spend 30 percent or more of their income on housing from 57.4% (2012-2016) to 51.7%. | 57.4% | 57% | 51.7% | | On track |

Strategy HE3.5: SDOH Domain – Social and Community Context: Promote the collaboration between local governments, health care partners, community organizations, and managing entities (and their contracted agencies) to improve access to appropriate behavioral health services for all Floridians

| 2018 Performance | | |
|---|---|---|
| Strategy | Current Strategy | Revised Strategy |
| HE3.5 | SDOH Domain – Social and Community Context: Promote the collaboration between local governments, health care partners, community organizations, and managing entities (and their contracted agencies) to improve access to appropriate behavioral health services for all Floridians. | SDOH Domain – Social and Community Context: Promote the collaboration between local governments , health care partners, public health , and community organizations to support cohesive communities . |
| Rationale | | |
| The revised strategy language aligns with a recommendation from SHIP Steering Committee member, Dr. George Rust, and the new Social and Community Context domain objective. | | |

[Blue underlined text](#) denotes new language added

Health Equity

| 2018 Performance | | | | | | |
|--|--|----------|-----------------------|-------------|-------|-------------------|
| Objective Number | Objective | Baseline | 2018 Progress Measure | Plan Target | Trend | Status |
| HE3.5.1 | By December 31, 2021, increase the percentage of children and youth that receive access to behavioral health services from 57.7% (2011-12) to 62%. | 57.7% | | 62% | | Decision required |
| 2019 Revisions | | | | | | |
| The SHIP Steering Committee approved the deletion of this objective. | | | | | | |
| Rationale | | | | | | |
| This indicator is no longer being collected. | | | | | | |

| 2018 Performance | | | | | | |
|---|--|----------|-----------------------|-------------|-------|----------|
| Objective Number | Objective | Baseline | 2018 Progress Measure | Plan Target | Trend | Status |
| HE3.5.2 | By December 31, 2021, increase the percentage of adults with serious mental illness who receive treatment from 60.6% (2011-2014) to 67.2%. | 60.6% | 63% | 67.2% | ▲ | On track |
| 2019 Revisions | | | | | | |
| The SHIP Steering Committee approved the deletion of this objective. | | | | | | |
| Rationale | | | | | | |
| There is an entire priority area dedicated to behavioral health, including mental health and substance abuse. | | | | | | |

New Objectives

| New Objective Number | New Objective | Baseline | Plan Target |
|---|---|----------|-------------|
| HE3.1.2 | By December 31, 2021, partner with two of Florida's most vulnerable communities to increase their capacity to address the economic challenges associated with the opioid epidemic and provide support, training and resources to assist Floridians in obtaining sustainable employment. | 0 | 2 |
| Rationale | | | |
| This new objective is based on new federal opioid grant received by Florida Department of Economic Opportunity. | | | |
| New Data to be Considered | | | |
| Number of participants served by CareerSource Suncoast and CareerSource Brevard | | | |

Health Equity

| New Objective Number | New Objective | Baseline | Plan Target |
|--|---|----------|-------------|
| HE3.4.1 | By December 31, 2021, increase the number of Florida communities in AARP's Network of Age-Friendly Communities from 24 in (2018) to 50. | 24 | 50 |
| Rationale | | | |
| This objective was added as a result of the new collaboration with the Florida Department of Elder Affairs. | | | |
| New Data to be Considered | | | |
| Work will be carried out during 2019 to compile data to establish a baseline of evidence-based chronic disease prevention programs for elders. A measurable objective will be proposed next year using the established baseline. | | | |

| New Objective Number | New Objective | Baseline | Plan Target |
|--|--|----------|-------------|
| HE3.5.1 | By December 31, 2019, establish a baseline of local health equity partnerships and collaborations. | TBD | |
| Rationale | | | |
| The revised objective aligns with a recommendation from SHIP Steering Committee member Dr. George Rust. | | | |
| New Data to be Considered | | | |
| Work will be carried out during 2019 to compile data to establish a baseline of local health equity partnerships and collaborations. A measurable objective will be proposed next year using the established baseline. | | | |

Health Equity

Areas of Excellence

- **Completion of the 12 Counties Project** – In collaboration with statewide partners, the Florida Department of Economic Opportunity created individualized roadmaps for twelve (12) counties, which provided information on available resources and services to assist them in achieving their economic development goals.
- **Achievement of Graduation Rate Targets** – Based on research conducted by Dr. Robert Balfanz at Johns Hopkins University, the Florida Department of Education (FDOE) prioritized four areas that were identified as being contributors to the achievement gap. FDOE staff were charged with prioritizing and providing support and districts were guided to focus on the following areas:
 - Teacher attendance
 - Student attendance
 - Ninth (9th) grade promotion
 - K-12 behavior
- **Florida Supportive Housing Community Dialogues** – The Florida Supportive Housing Coalition (FSHC) is pursuing the 10,000 Lives campaign, which is a nationwide initiative launched by the Institute of Healthcare Improvement (IHI) to significantly reduce morbidity and mortality in American health care. As of June 2019, the Florida Supportive Housing Coalition has researched other states campaigns, initiated conversations with the Florida Housing Finance Corporation and the University of South Florida regarding an assessment to identify the target population of the campaign (population of persons with special needs and/or experiencing homelessness and that are also high users of services). The FSHC is developing legislative priorities to address the three (3) key components of the campaign: 1) increase affordable housing units for special needs, 2) set aside funding for wrap around housing supports, and 3) ongoing funding for rental assistance.

Opportunities for Improvement and/or Next Steps

Opportunities for Improvement

The Health Equity PAW will continue to discuss ways to effectively recruit and retain membership of the PAW and the individual workgroups developed from the strategies associated with the priority area.

Next Steps

The Health Equity PAW is currently identifying an external co-chair to assist in the management of the PAW. We are also developing implementation plans to clearly state activities that will be carried out in upcoming year to achieve the goals associated with the Health Equity priority area.



Performance & Revisions

Goal MCH1: Reduce Infant Mortality and Related Disparities

Strategy MCH1.1: Advance safe sleep behaviors among families with an emphasis on disparate populations

| 2018 Performance | | | | | | |
|------------------|--|----------|-----------------------|-------------|-------|--------------|
| Objective Number | Objective | Baseline | 2018 Progress Measure | Plan Target | Trend | Status |
| MCH1.1.1 | By December 31, 2021, reduce percent of black mothers in Florida whose infant sleeps in bed with a parent or anyone else from 26.4% (2014) to 24.8%. | 26.4% | 27.9% | 24.8% | ▲ | Not on track |
| MCH1.1.2 | By December 31, 2021, increase percent of black mothers in Florida who placed their infant on their back to sleep from 56.4% (2014) to 58.4%. | 56.4% | 57.7% | 58.4% | ▲ | On track |

Strategy MCH1.2: Promote effective preterm birth prevention strategies with an emphasis on disparate populations

| 2018 Performance | | | | | | |
|------------------|--|----------|-----------------------|-------------|-------|--------------|
| Objective Number | Objective | Baseline | 2018 Progress Measure | Plan Target | Trend | Status |
| MCH1.2.1 | By December 31, 2021, reduce percent of births in Florida to mothers who smoked during pregnancy from 5.8% (2015) to 4.0%. | 5.8% | 4.8% | 4.0% | ▼ | On track |
| MCH1.2.2 | By December 31, 2021, reduce percent of births in Florida with an inter-pregnancy interval (IPI) less than 18 months from 34.3% (2015) to 30.0%. | 34.3% | 34.8% | 30.0% | ▲ | Not on track |

Maternal & Child Health

Goal MCH2: Prevent Pregnancy – related Mortality and Maternal Morbidity and Reduce Racial Disparities

Strategy MCH2.1: Promote quality of care for maternal hypertension and hemorrhage among pregnant women

| 2018 Performance | | | | | | |
|------------------|---|----------|-----------------------|-------------|-------|--------------|
| Objective Number | Objective | Baseline | 2018 Progress Measure | Plan Target | Trend | Status |
| MCH2.1.1 | By December 31, 2021, decrease the rate of Severe Maternal Morbidity (SMM) by 8.0% from the rate of 8.39 (2015) to 7.72. | 8.39 | 7.09 | 7.72 | ▼ | On track |
| MCH2.1.2 | By December 31, 2021, reduce the black-white racial disparity in Severe Maternal Morbidity (SMM) by 10.0% from 5.0 (2015) to 4.5. | 5.0 | 5.91 | 4.5 | ▲ | Not on track |

Strategy MCH2.2: Promote Preventive and Primary Care utilization for Women and Men

| 2018 Performance | | | | | | |
|--|--|----------|-----------------------|-------------|-------|--------------|
| Objective Number | Objective | Baseline | 2018 Progress Measure | Plan Target | Trend | Status |
| MCH2.2.1 | By December 31, 2021, increase percent of new mothers in Florida who received information about how to prepare for a healthy pregnancy and baby prior to pregnancy from 22.8% (2014) to 30.0%. | 22.8% | 21.4% | 30.0% | ▼ | Not on track |
| MCH2.2.2 | By December 31, 2021, increase percent of reproductive-age men (18-45) in Florida who had a medical checkup in the past year from 56.8% (2015) to 65%. | 56.8% | 56.8% | 65% | — | On track |
| 2019 Revisions | | | | | | |
| The SHIP Steering Committee approved the deletion of this objective. | | | | | | |
| Rationale | | | | | | |
| Improvements in this measure are not expected to affect Goal MCH2, which is to improve pregnancy-related mortality and maternal morbidity and reduce racial disparities. We have had difficulty correlating the two. Despite this, it is important to include an objective related to men's health. The Maternal and Child Health PAW plans to continue discussions to help find a more appropriate measure for men's health that is related to Goal MCH2 in time for the next SHIP cycle. | | | | | | |

Maternal & Child Health

Strategy MCH2.3: Integrate Health Equity into the public Health System and Communities by incorporating elements of health equity into policies and programs that impact maternal and child health populations

| 2018 Performance | | | | | | |
|--|--|----------|-----------------------|-------------|---|--------------|
| Objective Number | Objective | Baseline | 2018 Progress Measure | Plan Target | Trend | Status |
| MCH2.3.1 | By December 31, 2018, establish a process for formally assessing maternal and child health policies and programs from a health equity perspective. | 0% | 0% | 100% |  | Not on track |
| 2019 Revisions | | | | | | |
| MCH2.3.1 | By December 31, <u>2021</u> , establish a process for formally assessing maternal and child health policies and programs from a health equity perspective. | 0% | | 100% | | |
| Rationale | | | | | | |
| Revised the completion year from 2018 to 2021 because this objective is still relevant and important, but more time is needed to complete it. Currently, the Bureau of Family Health Services at the Florida Department of Health has a graduate student working to help establish this process. | | | | | | |

Blue underlined text denotes new language added

Maternal & Child Health

Goal MCH3: Increase the proportion of children with special health care needs under the age of 21 who receive their care in a patient-centered medical home

Strategy MCH3.1: Develop and increase patient-centered medical home model amongst health care providers serving children and youth with special health care needs under the age of 21 in Florida

| 2018 Performance | | | | | | |
|---|--|----------|-----------------------|-------------|-------|--------------|
| Objective Number | Objective | Baseline | 2018 Progress Measure | Plan Target | Trend | Status |
| MCH3.1.1 | By December 31, 2021, increase the percentage of children with special health care needs who have a medical-home from 33.5% (2016) to 43.2%. | 33.5% | 30.8% | 43.2% | ▼ | Not on track |
| 2019 Revisions | | | | | | |
| MCH3.1.1 | By December 31, 2021, increase the percentage of children with special health care needs who have a medical-home from <u>27.8% (2017) to 35%</u> . | 27.8% | | 35% | | |
| Rationale | | | | | | |
| The previous indicator included both children with and without special health care needs. The updated indicator distinguishes between the groups and reports only on children and youth with special health care needs. The objective baseline and target values were updated to include the most recently released data and to align with the Florida Title V MCH Block Grant guidelines. | | | | | | |
| New Data to be Considered | | | | | | |
| In the 2011-12 National Survey of Children's Health (NSCH) and 2009-10 National Survey of Children with Special Health Care Needs (NS-CSHCN), need for care coordination was determined by whether a child had seen a mental health professional or other specialist in addition to their primary care provider. In the 2016-17 NSCH, need for care coordination was determined by a direct question of whether a child saw more than one health care provider in the past 12 months. | | | | | | |

Blue underlined text denotes new language added

Maternal & Child Health

Strategy MCH3.2: Improve access to appropriate behavioral health services amongst children and youth with special health care needs under the age of 21 years in Florida

| 2019 Revisions | | |
|--|--|--|
| Strategy Number | Current Strategy | Revised Strategy |
| MCH3.2 | Improve access to appropriate behavioral health services amongst children and youth with special health care needs under the age of 21 years in Florida. | <u>Implement regional integration models in primary care setting</u> amongst children and youth with special health care needs under the age of 21 years in Florida. |
| Rationale | | |
| This strategy was revised to align with the CMS implementation strategies. | | |

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| 2018 Performance | | | | | | |
|--|---|----------|-----------------------|-------------|-------|--------------|
| Objective Number | Objective | Baseline | 2018 Progress Measure | Plan Target | Trend | Status |
| MCH3.2.1 | By December 31, 2021, increase the number of children and youth that receive access to behavioral health services from 57.7% (2011-12) to 62%. | 57.7% | 46.5% | 62% | ▼ | Not on track |
| 2019 Revisions | | | | | | |
| MCH3.2.1 | By December 31, 2021, increase the number of children and youth that receive access to behavioral health services from <u>44.1% (2017) to 53%</u> . | 44.1% | | 53% | | |
| Rationale | | | | | | |
| The objective baseline and target values were updated to include the most recently released data and to align with the Florida Title V MCH Block Grant guidelines. | | | | | | |
| New Data to be Considered | | | | | | |
| In the 2011-12 NSCH, this question was asked of parents with children 2-17 years of age, and the denominator of this measure was children 3-17 years of age who were found to have an emotional, developmental or behavioral problem from the Children with Special Health Care Needs (CSHCN) Screener (qualified on the CSHCN Screener question #5). In the 2016-17 NSCH, this question was asked of all parents with children 0-17 years of age and the denominator of this measure was children 3-17 years of age who currently have anxiety, depression or a behavioral/conduct disorder. The “No” response from the 2011-12 NSCH was broken down in two responses in the 2016-17 NSCH: “No, but needed to see a mental health professional” and “No, did not need to see a mental health professional.” | | | | | | |

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Maternal & Child Health

Strategy MCH3.3: Increase the percent of adolescents with special health care needs who receive services necessary to make transition to adult health care

| 2018 Performance | | | | | | |
|--|---|----------|-----------------------|-------------|-------|--------------|
| Objective Number | Objective | Baseline | 2018 Progress Measure | Plan Target | Trend | Status |
| MCH3.3.1 | By December 31, 2021, increase the percentage adolescents with special health care needs who receive services necessary to make transition to adult health care from 7.5% (2016) to 16.5%. | 7.5% | 5.9% | 16.5% | ▼ | Not on track |
| 2019 Revisions | | | | | | |
| MCH3.3.1 | By December 31, 2021, increase the percentage adolescents with special health care needs who receive services necessary to make transition to adult health care from <u>4.7% (2017) to 9%</u> . | 4.7% | | 9% | | |
| Rationale | | | | | | |
| The previous indicator included both children with and without special health care needs. The updated indicators distinguish between the groups and reports only on children and youth with special health care needs. The objective baseline and target values were updated to include the most recently released data and to align with the Florida Title V MCH Block Grant guidelines. | | | | | | |
| New Data to be Considered | | | | | | |
| This measure was previously included in the 2009-NS-CSHCN, but it was substantially different than the current measure in the 2016-17 NSCH. New items were added to the measure for the 2016-17 NSCH, including: doctor spoke with the child privately; doctor worked with the child about gaining skills to manage their health and health care and doctors worked with the child to help them understand their healthcare changes. Due to changes in the survey's data collection method, sampling frame as well as adjustments to item wording where necessary, the federal Maternal and Child Health Bureau alerts data users that it is not possible to compare estimates from the redesigned survey to those from previous iterations of the NSCH or NS-CSHCN or to conduct related trend analyses. The redesigned NSCH will support trend analyses beginning with data from 2016. | | | | | | |

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Maternal & Child Health

Areas of Excellence

- **Promoting Safe Sleep and Breastfeeding** – To enhance our community outreach activities, the Maternal and Child Health (MCH) Priority Area Workgroup (PAW) has been partnering with African-American Sororities and Fraternities to promote safe sleep and breastfeeding in Florida. These Greek Organizations will organize and facilitate educational events, including those at churches and community baby shower, using resources provided by the Florida Department of Health and the National Institute of Child Health Quality (NICHQ).

Six (6) county health departments are assisting local birthing hospitals in their counties to become Safe Sleep Certified with the Cribs for Kids organization. This ongoing collaboration is similar to the Baby Steps to Baby Friendly Initiative.

The Florida Department of Health is participating in a national initiative with other stakeholders throughout the state of Florida to develop SMART objectives and an asset map (which provides information about the strengths and resources of a community) related to safe sleep and breastfeeding that can be used by any safe sleep expert or advocate in the state.

- **Access to Long-Acting Reversible Contraception (LARC)** – Postpartum Long-Acting Reversible Contraceptives (LARCs) are safe and highly effective at preventing unintended pregnancies and can be given immediately after delivery. The Maternal and Child Health PAW continues to partner with the Florida Perinatal Quality Collaborative (FPQC) to implement the Access LARC Initiatives, which ended in spring 2019. Currently, more than 80% of the twelve (12) participating hospitals have added a LARC device (IUD or implants) to their formularies and about 75% have modified their policies and guidelines to support postpartum LARC insertion, up from about 50%.
- **Hypertension in Pregnancy Initiative** – For the Hypertension in Pregnancy Initiative, the percentage of women with new onset hypertension who received treatment within an hour increased from 20% to 90% and the percentage who received educational materials increased to from 20% to 100% in 2017. The sustainability phase of the initiative will end in 2019.
- **Maternal Morbidity and Mortality** – The Florida Department of Health, in partnership with the Pregnancy-Associated Mortality Review (PAMR) subcommittee, created and disseminated the Maternal Early Warning Signs Urgent Maternal Mortality Message to health care organizations, county health departments and national organizations. A Maternal Early Warning System can help facilitate timely recognition, diagnosis and treatment for women developing critical illness based on a patient’s vital signs. Florida also adopted the Centers for Disease Control and Prevention Maternal Mortality Review Information Application, which is a data system used by multiple states to help standardize PAMR data.
- **Florida Healthy Babies Initiative** – Florida was selected to work on the Association of Maternal and Child Health Programs Social Determinants of Health Collaborative Improvement and Innovation Network. Our

Maternal & Child Health

goal is to train hundreds of home visiting workers across the state on health equity using the “Roots of Health Equity” modules provided by the National Association of City and County Health Officials.

▪ Partnerships

- In collaboration with the University of Central Florida’s HealthARCH, twelve (12) practice sites are currently undergoing patient-centered medical home transformations.
- Florida State University’s College of Medicine is currently developing Behavioral Health Toolkits and the University of South Florida is launching a telepsychiatry pilot in three (3) rural primary care provider practices.
- The Florida Family Leaders Network and Youth advocacy group is currently in development at the University of Florida.

Opportunities for Improvement and/or Next Steps

Next Steps

The Maternal and Child Health PAW will continue to engage in activities that address the goals, strategies and objectives identified in the SHIP. They are actively fostering new partnerships and encouraging partner collaboration across the state.



Performance & Revisions

Goal IM1: Increase access to Immunizations for Infants and Pregnant Women

Strategy IM1.1: Promote increased access to and the rate of administration of vaccines among infants (birth to the end of first year of life) and pregnant women in Florida through educational outreach events, vaccine distribution clinics, monitoring site visits, and media campaigns

| 2018 Performance | | | | | | |
|--|---|----------|-----------------------|-------------|-------|----------|
| Objective Number | Objective | Baseline | 2018 Progress Measure | Plan Target | Trend | Status |
| IM1.1.1 | By December 31, 2021, increase rate of infants who receive the hepatitis B vaccine within three (3) days of birth from 53.3% (2014) to 65%. | 53.3% | 66% (2017) | 65% | ▲ | On track |
| 2019 Revisions | | | | | | |
| IM1.1.1 | By December 31, 2021, increase rate of infants who receive the hepatitis B vaccine within three (3) days of birth from 53.3% (2014) to <u>70%</u> . | 53.3% | | 70% | | |
| Rationale | | | | | | |
| The 2018 performance (66%) has surpassed the 2020 target. The 2017 National Immunization Survey (NIS) released in quarter 4 of 2018 reports the rate of infants in Florida who received the hepatitis B vaccine within three (3) days of birth as 66%, which surpasses the 2020 target of 65%. | | | | | | |
| New Data to be Considered | | | | | | |
| As NIS data are available on an annual basis, final 2018 data will be available in quarter 4 of 2019. | | | | | | |

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| 2018 Performance | | | | | | |
|--|---|----------|-----------------------|-------------|-------|--------------|
| Objective Number | Objective | Baseline | 2018 Progress Measure | Plan Target | Trend | Status |
| IM1.1.2 | By December 31, 2021, increase the rate of pregnant women who receive the annual seasonal influenza vaccine from 34.5% (2015) to 50.0%. | 34.5% | 0% | 50.0% | ▼ | Not on track |
| New Data to be Considered | | | | | | |
| Alternate data sources are being explored due to the unavailability of updated Pregnancy Risk Assessment Monitoring System data. | | | | | | |

Immunizations & Influenza

Goal IM2: Increase access to immunizations for vaccine-preventable disease in children and teens

Strategy IM2.1: Promote awareness and support community partnerships to increase access to immunizations in an effort to increase immunization rates for vaccine preventable diseases in Florida's children and teens (birth through the end of the 17th year of life) through educational outreach events, vaccine distribution clinics, monitoring site visits, and media campaigns

| 2018 Performance | | | | | | |
|--|--|----------|-----------------------|-------------|-------|----------|
| Objective Number | Objective | Baseline | 2018 Progress Measure | Plan Target | Trend | Status |
| IM2.1.1 | By December 31, 2021, increase the percentage of 2-year-olds who are fully immunized for childhood vaccine preventable diseases from 86% (2014) to 90%. | 86.1% | 86.1% | 90% | ▲ | On track |
| IM2.1.2 | By December 31, 2021, increase the rate of male teens (13-17 years of age) who have completed the first dose of Human Papilloma Virus (HPV) vaccines from 41.0% (2014) to 50%. | 41.0% | 59.8% (2017) | 50% | ▲ | On track |
| 2019 Revisions | | | | | | |
| IM2.1.1 | By December 31, 2021, increase the rate of <u>teens (13-17 years of age) who have completed the first dose of HPV vaccine from 55.9% (2016) to 70%.</u> | 55.9% | | 70% | ▲ | On track |
| Rationale | | | | | | |
| IM2.1.2 and IM2.1.3 have been combined into a single objective to align with National Immunization Survey (NIS) reporting. Additionally, both objectives have the same activities. | | | | | | |
| New Data to be Considered | | | | | | |
| As NIS data are available on an annual basis, final 2018 data will be available in quarter 4 of 2019. | | | | | | |

Blue underlined text denotes new language added

Immunizations & Influenza

| 2018 Performance | | | | | | |
|---|--|----------|-----------------------|-------------|---|----------|
| Objective Number | Objective | Baseline | 2018 Progress Measure | Plan Target | Trend | Status |
| IM2.1.3 | By December 31, 2021, increase the rate of female teens (13-17 year of age) who have completed the first dose of Human Papilloma Virus (HPV) vaccine from 57.2% (2014) to 70%. | 57.2% | 62.4% | 70% |  | On track |
| 2019 Revisions | | | | | | |
| IM2.1.3 | By December 2021, increase the <u>percentage of Emergency Medical Services agencies offering immunization programs from 5.8% (2018) to 25%.</u> | 5.8% | | 25% | | |
| Rationale | | | | | | |
| IM2.1.2 and IM2.1.3 have been combined into a single objective to align with NIS reporting. Additionally, both objectives have the same activities. | | | | | | |
| New Data to be Considered | | | | | | |
| The final data for 2018 will be available in quarter 4 or 2019. NIS data are only available on an annual basis. The most recent data for the combined IM2.1.2 and IM2.1.3 objectives is 59.8% (2017). | | | | | | |

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Immunizations & Influenza

Areas of Excellence

- **Visits to Birthing Hospitals** – A total of 50 birthing hospitals were visited by the Florida Department of Health’s Immunization Section nursing consultants in 2018. This is a significant increase from one hospital per quarter in 2017.
- **Hepatitis B Birth Dose Rates** – Due to efforts in improving hepatitis B birth dose rates in Florida birthing hospitals, there are now 18 Florida hospitals that qualify for/received the Immunization Action Coalition’s Hepatitis B Birth Dose Honor Roll. This reflects meeting the criteria of 90% or greater administration rate of the hepatitis B vaccination of newborns. Two years ago, Florida had no hospitals that either met the criteria or were on the Honor Roll.
- **Immunization Marketing Campaign** – In July 2018, the Florida Department of Health’s Immunization Section executed a contract with Burnet Garcia Advertising for a three-year Immunization Marketing Campaign, “The Power to Protect,” to promote vaccination across the life span. In addition to printed materials that will be distributed to provider offices across the state, the campaign will include media ads in TV, radio, social media, and billboards. Burnet Garcia created and hosts the official campaign website, which went live in March of 2019.

Opportunities for Improvement and/or Next Steps

Opportunities for Improvement

The most recent Pregnancy Risk Assessment Monitoring System (PRAMS) baseline data is 2015 for objective IM1.1.2. The PRAMS data is provided to the states by the Centers for Disease Control and Prevention (CDC). Unfortunately, due to the lag in CDC’s reporting of the data for 2016 and 2017, the PAW is not able to determine the 2018 baseline and target at this time. The 2018 baseline and target will be reevaluated as more recent data become available.

Next Steps

An epidemiologist with Florida Department of Health’s Immunization Section is currently working with the Florida State Health Online Tracking System (Florida SHOTS) to explore ways to report quarterly data for hepatitis B birth dose rates via the Florida SHOTS system, as we currently rely on CDC’s annual National Immunization Survey (NIS).

Due to the wide confidence intervals around the point estimates of various immunization rates determined by the CDC’s NIS, the Florida Department of Health is working towards utilizing Florida SHOTS to provide immunization rate estimates with smaller confidence intervals and hopefully, move away from reliance on CDC’s annual NIS estimates. Additionally, efforts to improve the methodology of the state’s two-year-old immunization survey and increase the sample size are underway, thereby providing more accurate estimates (smaller confidence intervals) of the two-year-old immunization rate. Another goal is to move towards providing rates at both the state and county level.

The Florida Department of Health’s Surveillance Section is working to develop a data sharing agreement with Medicaid for the purpose of receiving Medicaid data on influenza and Tdap vaccinations in pregnant women.



Performance & Revisions

Goal ISV1: Prevent and Reduce Intentional and Unintentional Injuries and Deaths in Florida

Strategy ISV1.1: Reduce teen driving crashes by creating safe driving culture for teen drivers through outreach and education

| 2018 Performance | | | | | | |
|--|---|----------|-----------------------|-------------|-------|----------|
| Objective Number | Objective | Baseline | 2018 Progress Measure | Plan Target | Trend | Status |
| ISV1.1.1 | By December 31, 2021, decrease the rate of teen motor vehicle-related hospitalizations by 13.33% relative to the state baseline from 65.2 per 100,000 (2014) to 56.5. | 65.2 | 53.3 | 56.5 | ▼ | On track |
| 2019 Revisions | | | | | | |
| The SHIP Steering Committee approved the deletion of this objective. | | | | | | |
| Rationale | | | | | | |
| Review of the current objective resulted in conversations with Florida Department of Transportation (FDOT) about alignment and duplication of efforts. The FDOT Traffic Safety Coalitions have established strategic plans and community partners that address this issue, in particular the Florida Teen Safe Drive Coalition. The Florida Department of Health’s program, Safe Kids, also addresses this issue. The two agencies recognize that the same community partners participate in the FDOT Florida Occupant Protection Coalition, Safe Kids and this Priority Area Workgroup. Consolidating efforts under Strategy ISV1.6 will result in higher community impact, stronger alignment in efforts, and efficient and effective participation on the part of community members. It is also important to note that through these efforts the Florida Department of Health also recognized that key program areas, such as the Bureau of Emergency Medical Oversight, need to be included. | | | | | | |

| 2018 Performance | | | | | | |
|--|--|----------|-----------------------|-------------|-------|----------|
| Objective Number | Objective | Baseline | 2018 Progress Measure | Plan Target | Trend | Status |
| ISV1.1.2 | By December 31, 2021, decrease the rate of teen motor vehicle-related emergency department visits by 13.33% relative to state baseline from 1,432.4 per 100,000 (2014) to 1,241.5. | 1,432.4 | 1,299 | 1,241.5 | ▼ | On track |
| 2019 Revisions | | | | | | |
| The SHIP Steering Committee approved the deletion of this objective. | | | | | | |

Injury, Safety & Violence

Rationale

Review of the current objective resulted in conversations with Florida Department of Transportation (FDOT) about alignment and duplication of efforts. The FDOT Traffic Safety Coalitions have established strategic plans and community partners that address this issue, in particular the Florida Teen Safe Drive Coalition. The Florida Department of Health's program, Safe Kids, also addresses this issue. The two agencies recognize that the same community partners participate in the FDOT Florida Occupant Protection Coalition, Safe Kids and this Priority Area Workgroup. Consolidating efforts under Strategy ISV1.6 will result in higher community impact, stronger alignment in efforts, and efficient and effective participation on the part of community members. It is also important to note that through these efforts the Florida Department of Health also recognized that key program areas, such as the Bureau of Emergency Medical Oversight, need to be included.

Strategy ISV1.2: Reduce teen driving crashes by creating safe driving culture for teen drivers through outreach and education

2018 Performance

| Objective Number | Objective | Baseline | 2018 Progress Measure | Plan Target | Trend | Status |
|------------------|--|----------|-----------------------|-------------|-------|----------|
| ISV1.2.1 | By December 31, 2021, decrease the rate of child passenger hospitalizations by 8.3% relative to the state baseline from 10.9 per 100,000 (2014) to 10.0. | 10.9 | 9.8 | 10.0 | ▼ | On track |

2019 Revisions

The SHIP Steering Committee approved the deletion of this objective.

Rationale

Review of the current objective resulted in conversations with Florida Department of Transportation (FDOT) about alignment and duplication of efforts. The FDOT Traffic Safety Coalitions have established strategic plans and community partners that address this issue, in particular the Florida Teen Safe Drive Coalition. The Florida Department of Health's program, Safe Kids, also addresses this issue. The two agencies recognize that the same community partners participate in the FDOT Florida Occupant Protection Coalition, Safe Kids and this Priority Area Workgroup. Consolidating efforts under Strategy ISV1.6 will result in higher community impact, stronger alignment in efforts, and efficient and effective participation on the part of community members. It is also important to note that through these efforts the Florida Department of Health also recognized that key program areas, such as the Bureau of Emergency Medical Oversight, need to be included.

Injury, Safety & Violence

| 2018 Performance | | | | | | |
|---|---|----------|-----------------------|-------------|-------|----------|
| Objective Number | Objective | Baseline | 2018 Progress Measure | Plan Target | Trend | Status |
| ISV1.2.2 | By December 31, 2021, decrease the rate of child passenger emergency department visits by 8.3% relative to the state baseline from 475.0 per 100,000 (2014) to 435.6. | 475.0 | 401.7 | 435.6 | ▼ | On track |
| 2019 Revisions | | | | | | |
| The SHIP Steering Committee approved the deletion of this objective. | | | | | | |
| Rationale | | | | | | |
| <p>Review of the current objective resulted in conversations with Florida Department of Transportation (FDOT) about alignment and duplication of efforts. The FDOT Traffic Safety Coalitions have established strategic plans and community partners that address this issue, in particular the Florida Teen Safe Drive Coalition. The Florida Department of Health's program, Safe Kids, also addresses this issue. The two agencies recognize that the same community partners participate in the FDOT Florida Occupant Protection Coalition, Safe Kids and this Priority Area Workgroup. Consolidating efforts under Strategy ISV1.6 will result in higher community impact, stronger alignment in efforts, and efficient and effective participation on the part of community members. It is also important to note that through these efforts the Florida Department of Health also recognized that key program areas, such as the Bureau of Emergency Medical Oversight, need to be included.</p> | | | | | | |

Injury, Safety & Violence

Strategy ISV1.3: Reduce injuries related to senior falls through implementation of evidence-based falls prevention programs

| 2018 Performance | | |
|--|---|--|
| Strategy | Current Strategy | Revised Strategy |
| ISV1.3 | Reduce injuries related to senior falls through implementation of evidence-based falls prevention programs. | <u>Promote the increased use of evidence-based falls prevention programs serving elders.</u> |
| Rationale | | |
| The current strategy, objective and indicator did show how many individuals were hospitalized and visited the emergency departments as a result of injury but didn't show success rates based on the individual's participation in the falls prevention-evidence based programs. The revised strategy is in alignment with the Florida Department of Elder Affairs' 2017-2020 State Plan on Aging. | | |

Blue underlined text denotes new language added

| 2018 Performance | | | | | | |
|--|--|----------|-----------------------|-------------|-------|----------|
| Objective Number | Objective | Baseline | 2018 Progress Measure | Plan Target | Trend | Status |
| ISV1.3.1 | By December 31, 2021, decrease the rate of falls-related hospitalizations for those age 65 and older by 8.33% relative to the state baseline from 1,412.4 per 100,000 (2014) to 1,294.7. | 1,412.4 | 1,375.9 | 1,294.7 | ▼ | On track |
| 2019 Revisions | | | | | | |
| ISV1.3.1 | By December 31, 2021, <u>increase the total number of counties with evidence-based falls prevention programs from 52 (2018) to 67.</u> | 52 | | 67 | | |
| Rationale | | | | | | |
| The current objective and indicator show how many individuals were hospitalized as a result of injury, but does not show success rates based on the individual's participation in the falls prevention evidence-based programs. The new data is real-time, county-level data. Expansion of the Centers for Disease Control and Prevention's Stopping Elderly Accidents, Deaths & Injuries algorithm of falls prevention evidence-based programs to older adults in every county will provide a statewide sample of impact and participation. | | | | | | |
| New Data to be Considered | | | | | | |
| The data is submitted monthly by the Area Agencies on Aging via the "Title 3D Monthly" report. The performance period is January through December and the report provides county-level activity. | | | | | | |

Blue underlined text denotes new language added

Injury, Safety & Violence

| 2018 Performance | | | | | | |
|--|--|----------|-----------------------|-------------|-------|----------|
| Objective Number | Objective | Baseline | 2018 Progress Measure | Plan Target | Trend | Status |
| ISV1.3.2 | By December 31, 2021, decrease the rate of falls-related emergency department visits for those age 65 and older by 8.33% relative to the state baseline from 4,404.6 per 100,000 (2014) to 4,037.7. | 4,404.6 | 4,381.9 | 4,037.7 | ▼ | On track |
| 2019 Revisions | | | | | | |
| ISV1.3.2 | By December 31, 2020, <u>increase the number of Area Agencies on Aging (AAAs) that have evidence-based falls prevention programs participant completion rates of 70 percent or above, from 6 (2018) to 11.</u> | 6 | | 11 | | |
| Rationale | | | | | | |
| <p>The current objective and indicator show how many individuals went to the emergency department as a result of injury, but does not show success rates based on the individual's participation in the falls prevention evidence-based programs. The new data is real-time, county-level data. Expansion of the Centers for Disease Control and Prevention's Stopping Elderly Accidents, Deaths & Injuries algorithm of falls prevention evidence-based programs to older adults in every county will provide a statewide sample of impact and participation.</p> | | | | | | |
| New Data to be Considered | | | | | | |
| <p>The data is submitted monthly by the Area Agencies on Aging via the "Title 3D Monthly" report. The performance period is January through December and the Report will provide data at the individual activity level.</p> | | | | | | |

Blue underlined text denotes new language added

Injury, Safety & Violence

Strategy ISV1.4: Prevent child drowning injuries through the implementation of local-level prevention activities and media campaigns

| 2018 Performance | | | | | | |
|--|--|----------|-----------------------|-------------|-------|----------|
| Objective Number | Objective | Baseline | 2018 Progress Measure | Plan Target | Trend | Status |
| ISV1.4.1 | By December 31, 2021, reduce the rate of drowning related hospitalizations among children ages 9 and younger by 10% relative to the state baseline from 7.3 per 100,000 (2014) to 6.6. | 7.3 | 4.2 | 6.6 | ▼ | On track |
| 2019 Revisions | | | | | | |
| ISV1.4.1 | By December 31, 2021, reduce the rate of unintentional drowning fatalities among children ages 9 and younger from 3.4 per 100,000 population (2017) to 3.1. | 3.4 | | 3.1 | | |
| Rationale | | | | | | |
| Unintentional drowning death is well-defined and includes watercraft and water transport drownings. This aligns with State Injury Indicators and is related to Core State Violence and Injury Prevention grant. This objective somewhat aligns with Healthy People 2020, which measures drowning at all ages. Target setting method is based on 10 percent improvement from Healthy People 2020. | | | | | | |
| New Data to be Considered | | | | | | |
| The PAW is considering using vital statistics death certificate data from Florida Health CHARTS. CHARTS maintains death data that is reported annually based on the previous calendar year. | | | | | | |

| 2018 Performance | | | | | | |
|---|---|----------|-----------------------|-------------|-------|----------|
| Objective Number | Objective | Baseline | 2018 Progress Measure | Plan Target | Trend | Status |
| ISV1.4.2 | By December 31, 2021, reduce the rate of drowning related emergency department visits among children ages 9 and younger by 10% relative to the state baseline from 16.4 per 100,000 (2014) to 14.8. | 16.4 | 16.3 | 14.8 | ▼ | On track |
| 2019 Revisions | | | | | | |
| The SHIP Steering Committee approved the deletion of this objective. | | | | | | |
| Rationale | | | | | | |
| ISV1.4.1 and ISV1.4.2 create duplication in sub-process indicators and activities. There are anticipated changes in injury surveillance definitions and criteria. Surveillance criteria for ICD-10-CM is still new. The Council of State and Territorial Epidemiologists injury workgroup is working with the Centers for Disease Control and Prevention to determine appropriate methodology for ICD-10-CM coded data. The current definition is based on the initial proposed criteria and does not include watercraft and water transport related drownings. The timeline to finalize injury definitions/criteria is still to be determined. | | | | | | |

Injury, Safety & Violence

Strategy ISV1.5: Use Green Dot bystander training as a tool to change social norms related to violence

| 2018 Performance | | |
|--|---|--|
| Strategy | Current Strategy | Revised Strategy |
| ISV1.5 | Use Green Dot Bystander Intervention training as a tool to change social norms related to violence. | <u>Create partnerships to address multiple types of violence through common risk and protective factors.</u> |
| Rationale | | |
| Currently, the Green Dot Bystander Strategy focuses on one strategy for one form of violence. To aid the PAW with this expansion, the Florida Department of Health will align the PAW efforts with its STOP Sexual Violence funding received in late 2018. | | |

Blue underlined text denotes new language added

| 2018 Performance | | | | | | |
|--|---|----------|-----------------------|-------------|-------|----------|
| Objective Number | Objective | Baseline | 2018 Progress Measure | Plan Target | Trend | Status |
| ISV1.5.1 | By December 31, 2021, increase the number of Green Dot sites, a comprehensive approach to violence prevention and reduction, in the state of Florida from 14 (2017) to 20. | 14 | 19 | 20 | ▲ | On track |
| 2019 Revisions | | | | | | |
| ISV1.5.1 | By December 31, 2021, increase the number of <u>partnerships addressing multiple types of violence using a public health approach, through the use of MOUs, from 0 to 15.</u> | 0 | | 15 | | |
| Rationale | | | | | | |
| The revised objective supports changes made to Strategy ISV1.5, which is to broaden the scope to strategies that reduce multiple forms of violence through addressing similar risk and protective factors. | | | | | | |
| New Data to be Considered | | | | | | |
| Data will be tracked annually on the grant cycle, February - January. Data collection will be based on participating community action teams and their priority focus. Community action teams will have access to evaluators currently being procured by the Florida Department of Health. Evaluators will identify indicators that will be used as sub-process indicators, as will former Green Dot indicators, to measure a reduction in violence in the community. The objective itself will be measured through identification of new partners documented via memorandums of agreement. | | | | | | |

Blue underlined text denotes new language added

Injury, Safety & Violence

Strategy ISV1.6: Promote policy, systems and environmental approaches to increasing community safety within the built environment

| 2018 Performance | | |
|--|---|---|
| Strategy | Current Strategy | Revised Strategy |
| ISV1.6 | Promote policy, systems and environmental approaches to increasing community safety within the built environment. | <u>Support the Florida Department of Transportation's vision to serve the people of Florida by providing a transportation network that is well planned, supports economic growth, and has the goal of being congestion and fatality free.</u> |
| Rationale | | |
| Will enhance alignment with the Florida Department of Transportation's Florida Transportation Plan and the U.S. Department of Transportation Federal Highway Administration's Highway Safety Improvement Plan. It is also designed to support the Florida Department of Transportation Secretary's priority to see zero deaths and zero serious injuries on Florida's transportation system. | | |

[Blue underlined text](#) denotes new language added

| 2018 Performance | | | | | | |
|--|--|----------|-----------------------|-------------|-------|----------|
| Objective Number | Objective | Baseline | 2018 Progress Measure | Plan Target | Trend | Status |
| ISV1.6.1 | By December 21, 2021, increase the total numbers of master and comprehensive plans that include health elements, bicycle pedestrian master plans, or complete streets policies from 71 (2016) to 81. | 73 | 78 | 81 | ▲ | On track |
| 2019 Revisions | | | | | | |
| ISV1.6.1 | By December 31, 2021, <u>reduce the number of traffic fatalities from 2,688.2 (based on a 5-year rolling average from 2012-2016 FDOT Highway Safety Improvement Program Report published under the State Highway Safety Report (2018)—Florida, Federal Highway Administration, U.S. Department of Transportation).</u> | 2,688.2 | | 0 | | |
| Rationale | | | | | | |
| Will enhance alignment with the Florida Department of Transportation's Florida Transportation Plan and the U.S. Department of Transportation Federal Highway Administration's Highway Safety Improvement Plan. It is also designed to support the Florida Department of Transportation Secretary's priority to see zero deaths and zero serious injuries on Florida's transportation system. | | | | | | |

[Blue underlined text](#) denotes new language added

Injury, Safety & Violence

New Strategy

| New Strategy Number | New Strategy |
|---------------------|---|
| ISV1.7 | Decrease morbidity and mortality from injury through the effective support and monitoring of the Emergency Medical Services (EMS) and Trauma Systems of Care. |

New Objectives

| New Objective Number | New Objective | Baseline | Plan Target |
|----------------------|--|----------|-------------|
| ISV1.3.3 | By December 31, 2021, increase the percentage of Emergency Medical Services agencies conducting or participating in fall prevention programs from 33.2% (2018) to 50%. | 33.2% | 50% |
| ISV1.4.3 | By December 31, 2021, increase the percentage of Emergency Medical Services agencies conducting or participating in drowning prevention programs from 30% (2018) to 50%. | 30% | 50% |
| ISV1.7.1 | By December 31, 2020, increase the percentage of trauma alert patients that were initially transported to a trauma center from 74.67% (2018) to 85%. | 74.67% | 85% |
| ISV1.7.2 | By December 31, 2020, increase the percentage of trauma alert events in which the total on-scene time is less than or equal to 20 minutes from 89.31% (2018) to 94%. | 89.31% | 94% |

Injury, Safety & Violence

Areas of Excellence

- **Teen Driver Safety** – An intern was brought on board at the Florida Department of Health to design and implement a survey of high school parking pass policies in priority counties. The survey results will give us baseline on the number of schools that require students to pass a driving safety course (including information about Florida’s graduated driver licensing rules) before they can hold a campus parking pass. After an educational campaign, the survey will be conducted again to determine if there has been any improvement in school parking pass policies. If successful, the campaign can be implemented statewide. A social media campaign was developed called “What Makes You Click?” which includes seat belt safety messages.
- **Child Passenger Safety** – The Florida Department of Health received seven Child Passenger Safety Technician (CPST) Training Trailers from the Florida Department of Transportation. Six have been located around the state to increase the number of CPSTs certified, especially in counties with fewer than the target number of five CPSTs per 100,000 population. Any Florida Department of Health employee, including those in county health departments, can tow the trailers to sites where certification classes are held, increasing the availability of the contents with which the trailers are equipped, including car seats, demo dolls, and other materials. A social media campaign was developed called “What Makes You Click?” which includes child passenger restraint safety messages.
- **Falls Prevention** – The Falls Prevention workgroup excelled at building a forum for community participation. Currently, four Area Agencies for Aging and community partners representing Lee Memorial Trauma Center, Florida Health Network and the Palm Beach County Fire Rescue are participating. Florida Health Networks, a member of the Falls Prevention workgroup, uses the Centers for Disease Control and Prevention’s Stopping Elderly Accidents, Deaths & Injuries algorithm to provide evidence-based programs to older adults in the community. These include “Matter of Balance” and “Tai Chi: Moving for a Better Balance” programs.
- **Child Drowning Prevention** – The Violence and Injury Prevention Section at the Florida Department of Health successfully applied for a two-year Pool Safely grant for \$250,000. The grant enabled the Florida Department of Health to hire a Pool Safely Project Manager who is implementing training of pool safety and code enforcement personnel around the state. A social media campaign was developed called “What Makes You Click?” which includes life jacket safety messages.
- **New Partnerships and Collaborations** – The expansion of Priority Area Workgroup for ISV1.5 resulted in a partnership between the Florida Department of Health and the Florida Coalition Against Domestic Violence. The collaboration resulted in acceptance as one of only 29 international teams to be considered by “Futures Without Violence,” a national nonprofit responsible for the evidence-based “Coaching Boys Into Men” curricula for the new train-the trainer initiative. Florida is poised to become one of a handful of states able to train any coach in the state who wants to implement Coaching Boys Into Men. The curricula trains and motivates high school coaches to mentor and teach their young male athletes healthy relationship skills, and to mentor peers by promoting the norm of violence never equaling strength. Preliminary conversations with the Florida High School Athletic Association are underway.

Injury, Safety & Violence

In addition, the community of partners, Florida Department of Health and the Florida Department of Transportation successfully collaborated to develop a process for transitioning to the new Vision Zero Strategy ISV1.6 and objective ISV1.6.1.

Opportunities for Improvement and/or Next Steps

Opportunities for Improvement

Teen Driver Safety

After the survey of high school parking pass policy results are collected and analyzed, conduct an educational campaign about the benefits of requiring a safety course and information about Graduated Driver's License rules before a student can receive a high school campus parking pass. Also, promote the "What Makes You Click?" campaign.

Child Passenger Safety

Determine a location for the seventh CPST training trailer and promote the "What Makes You Click?" campaign as a Live Story, a social media platform designed to provide interactive engagement with consumers.

Falls Prevention

Expand the Falls Prevention workgroup to include all AAAs, Area Health Education Centers and county health departments.

Child Drowning Prevention

Continue building partnerships through the Pool Safely grant, apply for additional grant funding opportunities to keep the momentum going and promote the "What Makes You Click?" campaign.

Violence Prevention

Work closely with county health departments in support of community health improvement plans.

Next Steps

The Injury, Safety and Violence PAW is engaging in a number of activities to streamline activities among partner organizations and maximize effectiveness across the PAW. The activities include:

- Merging the Teen Driver Safety Team of Excellence (TOE) with the Vision Zero TOE.
- Combining the Child Passenger Safety TOE with the Vision Zero TOE.
- Aligning the Florida Department of Elder Affairs' Title 3D Strategic Plan and Strategy ISV1.3 of the SHIP
- Recruiting community partners to implement evidence-based programs for falls prevention at the community/county levels through the Florida Department of Elder Affairs
- Applying for the 2019-2021 Pool Safely Grant sponsored by the U.S. Consumer Product Safety Commission

Injury, Safety & Violence

- Identifying counties most in need of additional support for violence prevention activities based on the community health assessment, community health improvement plan and health equity profile on Florida Health CHARTS, and
- Being a forum for expanding partnerships between the Florida Department of Transportation's Traffic Safety Coalitions, the Florida Department of Health's Safe Kids program, the Emergency Medical Services Advisory Council as well as community partners that include the Palm Beach County Fire Rescue and Lee Health Trauma Center.



Healthy Weight, Nutrition & Physical Activity

Performance & Revisions

Goal HW1: Improve the food environment and nutrition habits across the lifespan to increase healthy weight

Strategy HW1.1: Promote policy, systems, and environmental changes to increase access to and equitable consumption of healthy foods statewide for Floridians of all ages

| 2018 Performance | | | | | | |
|------------------|--|----------|-----------------------|-------------|-------|--------------|
| Objective Number | Objective | Baseline | 2018 Progress Measure | Plan Target | Trend | Status |
| HW1.1.1 | By December 31, 2021, increase the percentage of Florida Adults who eat 2 or more vegetables per day from 41.2% (2015) to 45.4%. | 41.2% | 41% | 45.4% | ▼ | Not on track |
| HW1.1.2 | By December 31, 2021, increase the percentage of Florida high school students who eat 2 or more vegetables per day from 27.2% (2015) to 30.6%. | 27.2% | 26.2% | 30.6% | ▼ | Not on track |

| 2018 Performance | | | | | | |
|------------------|--|----------|-----------------------|-------------|-------|--------------|
| Objective Number | Objective | Baseline | 2018 Progress Measure | Plan Target | Trend | Status |
| HW1.1.3 | By December 31, 2021, increase the percentage of middle school students who eat 2 or more vegetables per day from 23.3% (2015) to 26.4%. | 23.3% | 23.3% | 26.4% | — | Not on track |

| 2019 Revisions | | | | | | |
|---|--|--|--|--|--|--|
| The SHIP Steering Committee approved the deletion of this objective. | | | | | | |
| Rationale | | | | | | |
| The question related to middle school students who eat 2 or more vegetables per day is no longer asked on the Middle School Youth Risk Behavior Survey. | | | | | | |

| 2018 Performance | | | | | | |
|------------------|---|----------|-----------------------|-------------|-------|----------|
| Objective Number | Objective | Baseline | 2018 Progress Measure | Plan Target | Trend | Status |
| HW1.1.4 | By December 31, 2021, decrease the percentage of Floridians who lack adequate access to food from 15.1% (2015) to 8%. | 15.1% | 13.9% | 8% | ▼ | On track |

Healthy Weight, Nutrition & Physical Activity

| 2018 Performance | | | | | | |
|--|---|----------|-----------------------|-------------|---|--------------|
| Objective Number | Objective | Baseline | 2018 Progress Measure | Plan Target | Trend | Status |
| HW1.1.5 | By December 31, 2021, increase the percentage of adults at a healthy weight from 33.9% (2015) to 37.8%. | 33.9% | 33.9% | 37.8% |  | Not on track |
| Rationale | | | | | | |
| The 2019 Behavioral Risk Factor Surveillance Survey data is not available. | | | | | | |

Strategy HW1.2: Provide support and technical assistance to hospitals, work places and early care and education programs to implement breastfeeding policies and programs

| 2018 Performance | | | | | | |
|--|--|----------|-----------------------|-------------|--|-------------------|
| Objective Number | Objective | Baseline | 2018 Progress Measure | Plan Target | Trend | Status |
| HW1.2.1 | By December 31, 2021, increase the number of Baby-Friendly Hospitals from 10 (2017) to 20. | 10 | 23 | 20 |  | Completed/ Met |
| 2019 Revisions | | | | | | |
| HW1.2.1 | By December 31, 2021, increase the number of Baby-Friendly Hospitals from 10 (2017) to <u>30</u> . | 10 | | 30 | | |
| Rationale | | | | | | |
| Plan target has been reached, thus the PAW increased the target value. | | | | | | |

Blue underlined text denotes new language added

| 2018 Performance | | | | | | |
|------------------|---|----------|-----------------------|-------------|---|----------|
| Objective Number | Objective | Baseline | 2018 Progress Measure | Plan Target | Trend | Status |
| HW1.2.2 | By December 31, 2021, increase the number of breastfeeding friendly work places from 111 (2017) to 220. | 111 | 175 | 220 |  | On track |

Healthy Weight, Nutrition & Physical Activity

| 2018 Performance | | | | | | |
|--|---|----------|-----------------------|-------------|-------|-------------------|
| Objective Number | Objective | Baseline | 2018 Progress Measure | Plan Target | Trend | Status |
| HW1.2.3 | By December 31, 2021, increase the number of breastfeeding friendly early care and education programs from 230 (2017) to 300. | 230 | 477 | 300 | ▲ | Completed/ Met |
| 2019 Revisions | | | | | | |
| HW1.2.3 | By December 31, 2021, increase the number of breastfeeding friendly early care and education programs from 230 (2017) to <u>500</u> . | 230 | | 500 | | |
| Rationale | | | | | | |
| Plan target has been reached, thus the PAW increased the target value. | | | | | | |

Blue underlined text denotes new language added

Strategy HW2.1: Promote policy, systems and environmental approaches to increasing physical activity opportunities within the built environment for Floridians of all ages through coordination with local governments and stakeholders

| 2018 Performance | | | | | | |
|------------------|--|----------|-----------------------|-------------|-------|----------|
| Objective Number | Objective | Baseline | 2018 Progress Measure | Plan Target | Trend | Status |
| HW2.1.1 | By December 31, 2021, increase the percentage of Florida's population within one mile of bike land and/or shared use paths from 42% (2017) to 45%. | 42% | 44% | 45% | ▲ | On track |

| 2018 Performance | | | | | | |
|--|---|----------|-----------------------|-------------|-------|-------------------|
| Objective Number | Objective | Baseline | 2018 Progress Measure | Plan Target | Trend | Status |
| HW2.1.2 | By December 31, 2021, increase the number of schools ever achieving the Healthier US Schools Challenge award from 507 (2016) to 800. | 507 | 831 | 800 | ▲ | Completed/ Met |
| 2019 Revisions | | | | | | |
| HW2.1.2 | By December 31, 2021, increase the number of <u>school districts ever earning the Florida Healthy District Award from 53 (2018) to 67</u> . | 53 | | 67 | | |
| Rationale | | | | | | |
| The Healthier U.S. Schools Challenge Award is no longer a recognition. The Florida Healthy District Award recognizes school districts that have implemented policies, practices, and procedures that support health and remove barriers to learning. This objective aligns with the Florida Department of Health's Agency Strategic Plan and is supported by various partners. | | | | | | |

Blue underlined text denotes new language added

Healthy Weight, Nutrition & Physical Activity

New Objectives

| New Objective Number | New Objective | Baseline | Plan Target |
|---|---|----------|-------------|
| HW1.1.6 | By December 31, 2021, increase the percentage of Floridians age 60 and older who participate in SNAP by 3.2 percent from a baseline of 66.8% (2018) to 70%. | 66.8% | 70% |
| Rationale | | | |
| In an effort to increase Supplemental Nutrition Assistance Program (SNAP) participation, the Florida Department of Elder Affairs promotes SNAP by educating the older adult population about programs such as Fresh Access Bucks. There is a need to address barriers to participation and increase opportunities to make healthy food choices among this population. | | | |

| New Objective Number | New Objective | Baseline | Plan Target |
|---|--|----------|-------------|
| HW1.2.4 | By December 31, 2021, increase the number of county-based breastfeeding coalitions from 14 (2019) to 17. | 14 | 17 |
| Rationale | | | |
| The growth of county-based breastfeeding coalitions supports the existing breastfeeding-related objectives. Fourteen counties have active breastfeeding task forces or breastfeeding coalitions; there is a need to increase efforts across the state to sustain effective breastfeeding initiatives. | | | |

| New Objective Number | New Objective | Baseline | Plan Target |
|---|---|------------|-------------|
| HW2.1.3 | By December 31, 2021, increase the number of Floridians that use Florida State Parks and Florida State Trails from 28,173,773 (2018) to 28,460,561. | 28,173,773 | 28,460,561 |
| Rationale | | | |
| The 2019-2023 Florida Greenways & Trails System Plan identifies and prioritize opportunities for partnerships, efficiencies and implementation system-wide of Regional Trail System. This objective aligns with promoting Florida Greenways and Trails Priority System to advance Florida's economy, tourism, health, transportation, recreation, conservation and quality of life. | | | |

Healthy Weight, Nutrition & Physical Activity

| New Objective Number | New Objective | Baseline | Plan Target |
|---|---|----------|-------------|
| HW2.1.4 | By December 31, 2021, establish a baseline to increase the number of schools that complete the School Health Index. | 0% | 100% |
| Rationale | | | |
| The School Health Index self-assessment and planning tool assists schools with improving their health and safety policies and programs related to the Whole School, Whole Community, Whole Child model. This objective promotes student health and bolsters school wellness efforts by focusing on physical activity and nutrition. | | | |

| New Objective Number | New Objective | Baseline | Plan Target |
|--|---|----------|-------------|
| HW2.1.5 | By December 31, 2021, increase the number of early care and education centers (ECE) that receive the Florida ECE Recognition from 0 (2018) to 25. | 0 | 25 |
| Rationale | | | |
| The Florida Healthy Early Care & Education Center Recognition Program promotes best practices in the areas of healthy eating, healthy beverages, reduced screen time, physical activity, and infant feeding to prevent obesity in children later in life. This objective aligns with efforts across the state to embed recommended standards and support for obesity prevention. | | | |

Healthy Weight, Nutrition & Physical Activity

Areas of Excellence

In the first year of SHIP implementation, the Healthy Weight, Nutrition and Physical Activity (HWNPA) PAW has made great strides toward addressing barriers surrounding healthy food access, nutrition, breastfeeding and physical activity. Many of these strides, or successes, achieved include:

- The Florida Breastfeeding Coalition, DOH Women, Infants and Children and DOH Child Care Food Programs are working collaboratively to increase breastfeeding programs
- Opportunities for nutrition education have increased across the state
- Active transportation has improved across the state, and
- Various agencies are taking an active approach to increase opportunities for physical activity

Opportunities for Improvement and/or Next Steps

Next Steps

The HWNPA PAW will continue to discuss ways to effectively recruit and retain PAW membership and the individual workgroups developed from the strategies within the priority area. We will also look to address any overlapping activities that may contribute to one (1) or more objectives.



Behavioral Health

-Includes Mental Health & Substance Abuse

Performance & Revisions

Goal BH1: Reduce mental, emotional, and behavioral health disorders in children through improved identification and treatment of behavioral health disorders in parents who come in contact with the child welfare system

Strategy BH1.1: Increase the number of child welfare involved families with access to behavioral health services

| 2018 Performance | | | | | | |
|------------------|--|----------|-----------------------|-------------|-------|-------------------|
| Objective Number | Objective | Baseline | 2018 Progress Measure | Plan Target | Trend | Status |
| BH1.1.1 | By December 31, 2018 increase the number of parents of caregivers enrolled with a substance use disorder who have children involved in the child welfare system served by the Family Intensive Treatment (FIT) Program from 866 (2016) to 953. | 866 | 991 | 953 | ▲ | Completed/ Met |

| 2018 Performance | | | | | | |
|------------------|---|----------|-----------------------|-------------|-------|----------|
| Objective Number | Objective | Baseline | 2018 Progress Measure | Plan Target | Trend | Status |
| BH1.1.2 | By December 31, 2019, increase the percentage of FIT participants that are retained and/or successfully complete the FIT program from a baseline of 62% (2015-16) to 72%. | 62% | 67% | 72% | ▲ | On track |

| 2019 Revisions | | | | | | |
|----------------|---|-----|--|-----|--|--|
| BH1.1.2 | By December 31, <u>2021</u> , increase the percentage of FIT participants that are retained and/or successfully complete the FIT program by 10% from a baseline of <u>66% (2017-2018)</u> to 72%. | 66% | | 72% | | |

Rationale

While the outcome of this goal improved from a retention rate of 62% to 66% in 2018, adding another year to continue measuring retention while shifting to retention related action steps will increase the chances to reaching the goal of 72%.

Blue underlined text denotes new language added

Behavioral Health

–Includes Mental Health & Substance Abuse

| 2018 Performance | | | | | | |
|------------------|--|----------|-----------------------|-------------|---|--------------|
| Objective Number | Objective | Baseline | 2018 Progress Measure | Plan Target | Trend | Status |
| BH1.1.3 | By December 31, 2019, develop the infrastructure needed to establish a baseline that will serve to demonstrate a decrease in re-maltreatment among parents and caregivers who successfully complete the program. | 0% | 0% | |  | Not on track |
| BH1.1.4 | By December 31, 2021, demonstrate a decrease of re-maltreatment among parents and caregivers who successfully complete the FIT program. | 0% | 0% | |  | Not on track |

| 2018 Performance | | | | | | |
|------------------|--|----------|-----------------------|-------------|---|--------------|
| Objective Number | Objective | Baseline | 2018 Progress Measure | Plan Target | Trend | Status |
| BH1.1.3 | By December 31, 2019, develop the infrastructure needed to establish a baseline that will serve to demonstrate a decrease in re-maltreatment among parents and caregivers who successfully complete the program. | 0% | 0% | |  | Not on track |
| BH1.1.4 | By December 31, 2021, demonstrate a decrease of re-maltreatment among parents and caregivers who successfully complete the FIT program. | 0% | 0% | |  | Not on track |

Strategy BH1.2: Increase the number of people trained in mental health first aid to identify, understand and respond to signs of mental illness in the community

| 2018 Performance | | | | | | |
|------------------|--|----------|-----------------------|-------------|---|--------------|
| Objective Number | Objective | Baseline | 2018 Progress Measure | Plan Target | Trend | Status |
| BH1.2.1 | By December 31, 2021, increase the percentage of people trained in mental health first aid from 34,937 (2016) to 39,132. | 34,937 | 0 | 39,132 |  | Not on track |

Behavioral Health

–Includes Mental Health & Substance Abuse

Goal BH2: Decrease the percentage of newborns experiencing neonatal abstinence syndrome

Strategy BH2.1: Increase the percentage of women in treatment for opioid use disorders

| 2018 Performance | | | | | | |
|------------------|--|----------|-----------------------|-------------|-------|----------|
| Objective Number | Objective | Baseline | 2018 Progress Measure | Plan Target | Trend | Status |
| BH2.1.1 | By December 31, 2021, reduce the number of newborns experiencing neonatal abstinence syndrome from 69.2 per 10,000 live births (2013) to 62.3. | 69.2 | 65.8 | 62.3 | ▼ | On track |

Goal BH3: Reduce the number of opioid overdose deaths among individuals with opioid use disorders

Strategy BH3.1: Increase access to naloxone to individuals at risk of witnessing or experiencing and opioid-related overdose. Increase access to naloxone kits in emergency departments and among first responders, such as law enforcement agencies

| 2019 Revisions | | |
|-----------------|---|--|
| Strategy Number | Current Strategy | Revised Strategy |
| BH3.1 | Increase access to naloxone to individuals at risk of witnessing or experiencing and opioid-related overdose. Increase access to naloxone kits in emergency departments and among first responders, such as law enforcement agencies. | Increase access to naloxone to individuals at risk of witnessing or experiencing an opioid-related overdose <u>by distribution of</u> naloxone kits in emergency departments, among first responders, <u>and emergency responders.</u> |

Blue underlined text denotes new language added

| 2018 Performance | | | | | | |
|------------------|---|----------|-----------------------|-------------|-------|-------------------|
| Objective Number | Objective | Baseline | 2018 Progress Measure | Plan Target | Trend | Status |
| BH3.1.1 | By March 31, 2018, conduct 5 overdose prevention trainings to educate EMS/first responders, substance abuse and mental health treatment providers, community-based organizations, physicians, child welfare staff, future dentists, future pharmacists, and school administrators about the opioid epidemic and the value and safe use of naloxone. | 0 | 28 | 5 | ▲ | Completed/ Met |

Behavioral Health

–Includes Mental Health & Substance Abuse

| 2018 Performance | | | | | | |
|------------------|---|----------|-----------------------|-------------|---|--------------|
| Objective Number | Objective | Baseline | 2018 Progress Measure | Plan Target | Trend | Status |
| BH3.1.2 | By March 31, 2018 begin implementation of an awareness campaign on the opioid epidemic and where and how to access naloxone throughout the state. | 0% | 0% | |  | Not on track |

Goal BH4: Reduce the number of deaths by suicide in Florida

Strategy BH4.1: Provide training on the prevention of suicide and related behaviors to community and clinical service providers

| 2018 Performance | | | | | | |
|------------------|---|----------|-----------------------|-------------|---|----------|
| Objective Number | Objective | Baseline | 2018 Progress Measure | Plan Target | Trend | Status |
| BH4.1.1 | By December 31, 2019, the DCF suicide prevention website will include a training tab that will list best practices, trainings, and programs. | 0% | 52.85% | 100% |  | On track |
| BH4.1.2 | By December 31, 2021, the DCF suicide prevention website will include tab on grants and projects that have been awarded and implemented in Florida. | 0% | 100% | 100% |  | On track |

Strategy BH4.2: Increase suicide prevention efforts for high-risk populations

| 2018 Performance | | | | | | |
|------------------|--|----------|-----------------------|-------------|---|-------------------|
| Objective Number | Objective | Baseline | 2018 Progress Measure | Plan Target | Trend | Status |
| BH4.2.1 | By December 31, 2018, establish and hold seven monthly meetings with the Peer Support Workgroup that focus on suicide prevention efforts with service members, veterans and their families. | 0 | 8 | 7 |  | Completed/ Met |
| BH4.2.2 | By December 31, 2018, establish and hold quarterly meetings with the Strategic Leadership Workgroup that focuses on suicide prevention efforts with service members, veterans, and their families. | 0 | 4 | 4 |  | Completed/ Met |
| BH4.2.3 | By December 31, 2020, create an implementation plan that focuses on suicide prevention efforts with service members, veterans, and their families. | 0% | 100% | 100% |  | On track |

Behavioral Health

–Includes Mental Health & Substance Abuse

New Objectives

| New Objective Number | New Objective | Baseline | Plan Target |
|----------------------|--|----------|-------------|
| BH3.1.3 | By December 31, 2021, distribute 80,000 naloxone kits to community-based entities that might encounter individuals at risk of an opioid overdose such as emergency departments, homeless shelters, primary care physicians, pharmacies, first responders, substance use treatment providers, child welfare staff, and others at risk of experiencing or witnessing an opioid overdose. | 0 | 80,000 |

Rationale

This objective will better describe the goal and strategy. The Department will continue to train providers, but that is being moved to the action steps for the revised objective. Providing training does not really reflect on the goal as intended.

| New Objective Number | New Objective | Baseline | Plan Target |
|----------------------|--|----------|-------------|
| BH3.1.4 | By December 31, 2021, increase the distribution of naloxone provided by the Helping Emergency Responders Obtain Support (HEROS) Program to emergency responder agencies that employ Emergency Medical Technicians, paramedics, firefighters, or law enforcement officers from 53 (FFY 2018/2019) to 67 Florida counties. | 53 | 67 |

Rationale

This objective will track the Florida Department of Health-funded distribution of naloxone to emergency responder agencies.

| New Objective Number | New Objective | Baseline | Plan Target |
|----------------------|---|----------|-------------|
| BH4.1.3 | By July 31, 2020, revise DCF's suicide prevention website to include an information tab on the Marjory Stoneman Douglas High School Public Safety Act and Youth Mental Health First Aid Training. | 0% | 100% |

Rationale

Several of the suicide prevention goals from the first year are complete. This objective aims to increase public awareness of suicide prevention resources and training in line with state leadership directive.

Behavioral Health

–Includes Mental Health & Substance Abuse

| New Objective Number | New Objective | Baseline | Plan Target |
|--|--|----------|-------------|
| BH4.1.4 | By December 31, 2020, DCF will create or find a brochure for basic suicide prevention information for individuals who have serious mental illness and maybe at risk for suicide. | 0% | 100% |
| Rationale | | | |
| Several of the suicide prevention goals from the first year are complete. This objective aims to increase public awareness of suicide prevention resources and training in line with state leadership directive. | | | |

| New Objective Number | New Objective | Baseline | Plan Target |
|--|---|----------|-------------|
| BH4.2.4 | By December 31, 2021, DCF and DOH will partner to convene five (5) workgroup meetings with diverse stakeholders to expand suicide prevention efforts among focus populations identified in the state suicide prevention plan. | 0 | 5 |
| Rationale | | | |
| This objective aims to increase public awareness of suicide prevention resources and training in line with state leadership directive. | | | |

| New Objective Number | New Objective | Baseline | Plan Target |
|--|--|----------|-------------|
| BH4.3.1 | By December 31, 2020, establish and hold five meetings with the 2021-2025 Florida Suicide Prevention Plan Committee. | 0 | 5 |
| Rationale | | | |
| Several of the suicide prevention goals from the first year are complete. This objective aims to guide the effort to develop Florida's Suicide Prevention Plan for the next four-year period from 2021-2025. | | | |

New Strategy

| New Strategy Number | New Strategy |
|---|---|
| BH4.3 | DOH, in partnership with DCF, will quarterly convene a group of subject matter experts to develop messaging and initiatives around suicide surveillance data from the Florida Violent Death Reporting System. |
| Rationale | |
| This strategy aims to increase public awareness of suicide prevention resources and training in line with state leadership directive. | |

Behavioral Health

–Includes Mental Health & Substance Abuse

Areas of Excellence

During the first year of implementation, Behavioral Health PAW accomplishments include:

- Family Intensive Treatment (FIT) program enrollment up from 866 to 955, with an increase in program retention from 62% to 66%.
- Neonatal Abstinence Syndrome (NAS) births decreased from 69.2% to 67.2% per 10,000 live births. A new partnership with the NAS stakeholder group was formed. This stakeholder group consists of a number of organizations working toward addressing NAS. They will serve as the lead entity for Goal BH2.
- Twenty-eight (28) overdose prevention and naloxone trainings were provided during 2018.
- The Opioid Overdose Awareness campaign was launched. This campaign included radio, printed materials and social media posts resulting in over 95 million impressions.

Opportunities for Improvement and/or Next Steps

Next Steps

The Behavioral Health PAW will continue to discuss ways to effectively recruit and retain PAW membership and the individual workgroups developed from the strategies within the priority area.



Sexually Transmitted Diseases

-Includes Other Infectious Diseases

Performance & Revisions

Goal ID1: Reduce syphilis in Florida

Strategy ID1.1: Reduce the number of syphilis cases through provider and public awareness, enhanced surveillance, and expanded quality improvement activities

| 2018 Performance | | | | | | |
|------------------|--|----------|-----------------------|-------------|-------|--------------|
| Objective Number | Objective | Baseline | 2018 Progress Measure | Plan Target | Trend | Status |
| ID1.1.1 | By December 31, 2021, decrease the rate of early syphilis per 100,000 from 24.9 (2016) to 23.5. | 26.4 | 26.4 (2017) | 23.5 | — | Not on track |
| ID1.1.2 | By December 31, 2021, decrease the number of syphilis cases among women ages 15-44 years from 1,051 (2016) to 898. | 1,265 | 1,265 (2017) | 898 | — | Not on track |

Sexually Transmitted Diseases –Includes Other Infectious Diseases

Strategy ID1.2: Reduce congenital syphilis cases in Florida by reducing the transmission of syphilis among sexually active persons through expanded surveillance, enhanced partner services, and increase STD screening during pregnancy

| 2018 Performance | | | | | | |
|--|--|----------|-----------------------|-------------|---|--------------|
| Objective Number | Objective | Baseline | 2018 Progress Measure | Plan Target | Trend | Status |
| ID1.2.1 | By December 31, 2021, increase the percentage of women with syphilis diagnosed during pregnancy who receive adequate treatment from 80% (2016) to 96%. | 80% | 58% (2017) | 96% |  | Not on track |
| ID1.2.2 | By December 31, 2021, increase the percentage of pregnant women with a syphilis diagnosis who are treated within 7 days of specimen collection from 33% (2016) to 50%. | 36% | 36% (2017) | 50% |  | On track |
| 2019 Revisions | | | | | | |
| ID1.2.2 | By December 31, 2021, increase the percentage of pregnant women with a syphilis diagnosis who are treated within <u>14 days</u> of specimen collection from <u>50% (2016) to 85%</u> . | 50% | | 85% | | |
| Rationale | | | | | | |
| <p>The Centers for Disease Control and Prevention (CDC)'s related measure is that women diagnosed with syphilis are treated within 14 days. The current 7-day objective is dependent on providers treating women at exam, which is rare. Treatment at 14 days is a more effective measure of public health prevention efforts. With an expanded timeframe of 14 days, the goal for treatment of pregnant women diagnosed with syphilis will increase from 50% to 85%. This proposed change is consistent with the CDC's long-standing established performance expectation.</p> | | | | | | |

Blue underlined text denotes new language added

Sexually Transmitted Diseases –Includes Other Infectious Diseases

Goal ID2: Reduce new HIV infections in Florida through a coordinated response across public health system partners

Strategy ID2.1: Prevent new HIV infections in Florida through increased provider awareness of prescribing prophylaxis for high-risk populations, increased offering of routine HIV screening in all healthcare settings and increased public awareness of HIV through a statewide minority campaign

| 2018 Performance | | | | | | |
|------------------|--|----------|-----------------------|-------------|-------|--------------|
| Objective Number | Objective | Baseline | 2018 Progress Measure | Plan Target | Trend | Status |
| ID2.1.1 | By December 31, 2021, increase the proportion of persons living with HIV (PLWH) in Florida who know their serostatus from 87.6% (2015) to 91%. | 86.5% | 86.5% (2017) | 91% | | Not on track |

Strategy ID2.2: Foster improved health outcomes for people living with HIV/AIDS and reduce the chance of HIV transmissions to others through expedited linkage to care, achievement of viral load suppression through retention in care and increased awareness of appropriate HIV screening during pregnancy

| 2018 Performance | | | | | | |
|------------------|--|----------|-----------------------|-------------|-------|----------|
| Objective Number | Objective | Baseline | 2018 Progress Measure | Plan Target | Trend | Status |
| ID2.2.1 | By December 31, 2021, increase the percent of HIV positive persons linked to care from 91% (2015) to 97%. | 92.8% | 86.5% (2017) | 97% | | On track |
| ID2.2.2 | By December 31, 2021, increase the proportion of persons living with HIV (PLWH) retained in care from 66% (2015) to 90%. | 66.6% | 66.6% (2017) | 90% | | On track |
| ID2.2.3 | By December 31, 2021, increase the proportion of persons living with HIV (PLWH) with a suppressed viral load from 59% (2015) to 80%. | 63% | 63% (2017) | 80% | | On track |

Sexually Transmitted Diseases –Includes Other Infectious Diseases

Goal ID3: Demonstrate readiness for existing and emerging infectious disease threats

Strategy ID3.1: Conduct surveillance to identify cases of reportable diseases among people residing or living in Florida, assess trends, and identify emerging threats

| 2019 Revisions | |
|--|---|
| ID3.1 | The SHIP Steering Committee approved the deletion of this strategy. |
| Rationale | |
| External partners are not required to achieve the target and action steps. This objective is too narrowly focused for the State Health Improvement Plan and do not require the broad external stakeholder engagement provided by the SHIP. This objective was placed in the Agency Strategic Plan. | |

| 2018 Performance | | | | | | |
|--|--|----------|-----------------------|-------------|-------|----------|
| Objective Number | Objective | Baseline | 2018 Progress Measure | Plan Target | Trend | Status |
| ID3.1.1 | By December 31, 2021, increase the number of hospital laboratories participating in electronic laboratory reporting (ELR) from 84 (March 2017) to 114. | 90 | 98 | 114 | ▲ | On track |
| 2019 Revisions | | | | | | |
| The SHIP Steering Committee approved the deletion of this objective. | | | | | | |
| Rationale | | | | | | |
| External partners are not required to achieve the target and action steps. This objective is too narrowly focused for the State Health Improvement Plan and do not require the broad external stakeholder engagement provided by the SHIP. This objective was placed in the Agency Strategic Plan. | | | | | | |

Strategy ID3.2: Conduct syndromic surveillance through hospitals and urgent care centers to detect outbreaks, identify community trends, and provide situational awareness during event response

| 2019 Revisions | |
|--|---|
| ID3.2 | The SHIP Steering Committee approved the deletion of this strategy. |
| Rationale | |
| External partners are not required to achieve the target and action steps. This objective is too narrowly focused for the State Health Improvement Plan and do not require the broad external stakeholder engagement provided by the SHIP. This objective was placed in the Agency Strategic Plan. | |

Sexually Transmitted Diseases –Includes Other Infectious Diseases

| 2018 Performance | | | | | | |
|--|---|----------|-----------------------|-------------|-------|----------|
| Objective Number | Objective | Baseline | 2018 Progress Measure | Plan Target | Trend | Status |
| ID3.2.1 | By December 31, 2021 increase the number of hospitals and urgent care centers participating in syndromic surveillance system ESSENCE-FL from 285 (March 2017) to 330. | 307 | 339 | 330 | ▲ | On track |
| 2019 Revisions | | | | | | |
| The SHIP Steering Committee approved the deletion of this objective. | | | | | | |
| Rationale | | | | | | |
| External partners are not required to achieve the target and action steps. This objective is too narrowly focused for the State Health Improvement Plan and do not require the broad external stakeholder engagement provided by the SHIP. This objective was placed in the Agency Strategic Plan. | | | | | | |

Strategy ID3.3: Investigate and respond cases, outbreaks, and other public health events to protect persons residing or traveling in Florida and implement control measures/ interventions as appropriate

| 2019 Revisions | |
|--|---|
| ID3.3 | The SHIP Steering Committee approved the deletion of this strategy. |
| Rationale | |
| External partners are not required to achieve the target and action steps. This objective is too narrowly focused for the State Health Improvement Plan and do not require the broad external stakeholder engagement provided by the SHIP. This objective was placed in the Agency Strategic Plan. | |

| 2018 Performance | | | | | | |
|--|--|----------|-----------------------|-------------|-------|--------------|
| Objective Number | Objective | Baseline | 2018 Progress Measure | Plan Target | Trend | Status |
| ID3.3.1 | By December 31, 2021 increase the percentage of cases for high priority reportable disease where control measures are implemented within the appropriate timeframe from 83.6% (2015) to 86.4%. | 83.6% | 70.4% | 86.4% | ▼ | Not on track |
| 2019 Revisions | | | | | | |
| The SHIP Steering Committee approved the deletion of this objective. | | | | | | |
| Rationale | | | | | | |
| External partners are not required to achieve the target and action steps. This objective is too narrowly focused for the State Health Improvement Plan and do not require the broad external stakeholder engagement provided by the SHIP. This objective was placed in the Agency Strategic Plan. | | | | | | |

Sexually Transmitted Diseases

–Includes Other Infectious Diseases

New Strategy

| Objective Number | Objective |
|---|--|
| ID3.4 | Improve antimicrobial prescribing and slow antimicrobial resistance by bolstering antimicrobial stewardship programs in Florida’s National Healthcare Safety Network participating facilities through their use of a Florida-specific toolkit and implementation of all National Healthcare Safety Network core elements of antimicrobial stewardship. |
| Rationale | |
| Development of antibiotic-resistant infections is one of the most severe public health problems in the country. | |

New Objectives

| New Objective Number | New Objective | Baseline | Plan Target |
|---|---|----------|-------------|
| ID3.4.1 | By December 31, 2021, increase the percentage of Florida’s National Healthcare Safety Network participating facilities meeting all seven core elements of antimicrobial stewardship from 89% (2017) to 95%. | 89% | 95% |
| Rationale | | | |
| Development of antibiotic-resistant infections is one of the most severe public health problems in the country. | | | |
| New Data to be Considered | | | |
| Core element data from national healthcare safety network through our data use agreement. | | | |

| New Objective Number | New Objective | Baseline | Plan Target |
|---|--|----------|-------------|
| ID3.4.2 | By December 31, 2021, reduce the standardized infection ration (SIR) for <i>Clostridioides difficile</i> infections in Florida’s National Healthcare Safety Network participating facilities from 0.68 (2017) to 0.45. | 0.68 | 0.45 |
| Rationale | | | |
| Clostridioides difficile infections (CDI) are a major health threat. In the U.S., CDI is estimated to cause half a million infections in a single year. Antibiotic stewardship is an effort to fight antibiotic resistance and improve antibiotic prescribing. The Healthcare-Associated Infections program has access to CDI data. | | | |
| New Data to be Considered | | | |
| CDI data from national healthcare safety network through our data use agreement. | | | |

Sexually Transmitted Diseases

–Includes Other Infectious Diseases

Areas of Excellence

During 2018, the epidemiological objectives were met and exceeded in some instances. Developed a statewide awareness campaign entitled; “Pregnant? Protect Your Baby.” Posters and palm cards were distributed statewide to be placed in STD, family planning, prenatal, and WIC clinics. The materials have also been distributed to OB/GYN offices, community health centers, and schools.

Opportunities for Improvement and/or Next Steps

Opportunities for Improvement

The PAW decided to operate as subgroups focused on patient and provider education, collaborative and access to care activities related to the SHIP. The entire PAW will meet twice a year in conjunction with the department’s SHIP Steering Committee meeting to make workgroup decisions in preparation. This is our first time using this approach. We will use this implementation year to determine if it is more efficient and effective for the PAW.

Next Steps

The STD PAW will continue to work diligently to meet the set goals of the SHIP. Current efforts geared toward HIV/AIDS will continue, while awaiting guidance on the national “Ending the HIV Epidemic” strategy. We also await guidance from new executive leadership regarding implementation of strategies to address syphilis and other objectives pertaining to STD. We will be working closely with our partners and colleagues to establish implementation plans for Goal 3, as it pertains to Healthcare Associated Infections.



Chronic Diseases & Conditions

–Includes Tobacco-Related Illnesses & Cancer

Performance & Revisions

Goal CD1: Increase cross-sector collaboration for the prevention, early detection, treatment and management of chronic diseases and conditions to improve health equity

Strategy CD1.1: Promote policy and systems change to healthcare providers to increase adherence to clinical best practices and national recommendations for chronic disease prevention and increase utilization of available resources

| 2018 Performance | | | | | | |
|---|--|----------|-----------------------|-------------|-------|----------|
| Objective Number | Objective | Baseline | 2018 Progress Measure | Plan Target | Trend | Status |
| CD1.1.1 | By December 31, 2021 increase the number of referrals to Tobacco Free Florida Quit Services from 20,533 (2016) to 23,000. | 20,533 | 90,076 | 23,000 | ▲ | On track |
| 2019 Revisions | | | | | | |
| CD1.1.1 | By December 31, 2021 increase the number of referrals to Tobacco Free Florida Quit Services from <u>34,318 annually (2018) to 37,749 annually.</u> | 34,318 | | 37,749 | | |
| Rationale | | | | | | |
| The original baseline was inaccurate. The revised baseline is verified by independent evaluator reports of referrals generated to Quit Your Way services from health care providers, health care provider organizations, and Career Source. This is not a cumulative measure. | | | | | | |

Blue underlined text denotes new language added'

Chronic Diseases & Conditions

–Includes Tobacco-Related Illnesses & Cancer

| 2018 Performance | | | | | | |
|---|---|----------|-----------------------|-------------|-------|----------|
| Objective Number | Objective | Baseline | 2018 Progress Measure | Plan Target | Trend | Status |
| CD1.1.2 | By December 31, 2021, increase the number of individuals at risk of type 2 diabetes participating in the Centers for Disease Control and prevention (CDC) Recognized Diabetes Prevention programs from 4,340 (2016) to 10,000. | 4,340 | 23,713 | 10,000 | ▲ | On track |
| 2019 Revisions | | | | | | |
| CD1.1.2 | By December 31, 2021, increase the number of individuals at risk of type 2 diabetes participating in the Centers for Disease Control and Prevention (CDC) Recognized Diabetes Prevention Programs from 4,340 (2016) to <u>100,000</u> . | 4,340 | | 100,000 | | |
| Rationale | | | | | | |
| As of January 2019, 23,713 Floridians at risk of type 2 diabetes have participated in Centers for Disease Control and Prevention (CDC)'s Recognized Diabetes Prevention Programs (DPPs). Significant work is being carried out by partners across the state to increase awareness, availability, and coverage of and referral to CDC-Recognized DPPs. | | | | | | |

Blue underlined text denotes new language added

Chronic Diseases & Conditions

–Includes Tobacco-Related Illnesses & Cancer

| 2018 Performance | | | | | | |
|---|--|----------|-----------------------|-------------|-------|-------------------|
| Objective Number | Objective | Baseline | 2018 Progress Measure | Plan Target | Trend | Status |
| CD1.1.3 | By December 31, 2021, increase the percentage of adults age 50 to 75 who received colorectal screening based on the most recent guidelines from 65.7% (2014) to 80%. | 65.7% | 67.3% | 80% | ▲ | Decision required |
| 2019 Revisions | | | | | | |
| CD1.1.3 | By December 31, 2021, increase the percentage of adults age 50 to 75 who received colorectal screening based on the most recent guidelines from 65.7% (2014) to <u>70%</u> . | 65.7% | | 70% | | |
| Rationale | | | | | | |
| <p>The initial target of 80% of adults age 50 to 75 receiving colorectal screening based on most current guidelines is not an attainable measure. Although national partners developed the campaign 80% by 2018, there were many states and sub-regions within states in which the goal of 80% was unrealistic. In Florida, over the period from 2008 to 2018, the percentage of adults screening per current guidelines oscillated between 60-65%; there has been no steady increasing trend. Moreover, Florida still does not have full resources/services/physicians to screen all adults ages 50 to 75.</p> | | | | | | |

Blue underlined text denotes new language added

Chronic Diseases & Conditions

–Includes Tobacco-Related Illnesses & Cancer

Strategy CD1.2: Promote policy and systems change to healthcare providers to increase team-based care and care coordination approaches for chronic disease treatment and management to ensure optimal and equitable care for all segments of the population

| 2018 Performance | | | | | | |
|---|---|----------|-----------------------|-------------|-------|-------------------|
| Objective Number | Objective | Baseline | 2018 Progress Measure | Plan Target | Trend | Status |
| CD1.2.1 | By December 31, 2021, increase the number of providers and practices enrolled in the National Clinical Quality Association's (NCQA) Patient Centered Medical Home Recognition Program from 3,612 (2016) to 5,000. | 3,612 | 3,706 | 5,000 | ▲ | Decision required |
| 2019 Revisions | | | | | | |
| CD1.2.1 | <u>By December 31, 2021, increase the number of Emergency Medical Services agencies with community paramedicine programs addressing cardiovascular health from 37.5% (2018) to 50%.</u> | 37.5% | | 50% | | |
| Rationale | | | | | | |
| The NCQA Patient Centered Medical Home Recognition is only one of several recognitions of this type. The numbers of providers and practices that have earned this recognition fluctuate greatly and are not really a good indication of the implementation of team-based care and care coordination approaches. | | | | | | |
| New Data to be Considered | | | | | | |
| In 2019, the Annual Emergency Medical Services (EMS) survey was modified to capture information about the types of diseases EMS agencies with Community Paramedicine Programs are addressing. Community Paramedicine is a practice that engages EMS professionals as part of a care team and assists with coordination of care for those individuals and communities with high emergency utilization rates. | | | | | | |

Blue underlined text denotes new language added

Chronic Diseases & Conditions

–Includes Tobacco-Related Illnesses & Cancer

| 2018 Performance | | | | | | |
|--|--|----------|-----------------------|-------------|-------|----------|
| Objective Number | Objective | Baseline | 2018 Progress Measure | Plan Target | Trend | Status |
| CD1.2.2 | By December 31, 2021, increase the number of community-clinical partnerships implementing asthma-home visiting interventions from 3 (2016) to 6. | 3 | 5 | 6 | ▲ | On track |
| 2019 Revisions | | | | | | |
| CD1.2.2 | By December 31, 2021, reduce the age-adjusted asthma ED visit rate from 54.1 per 10,000 population (2017) to 44.4 per 10,000 population. | 54.1 | | 44.4 | | |
| Rationale | | | | | | |
| <p>The Centers for Disease Control and Prevention’s EXHALE Technical package includes asthma home-visiting interventions as one of six evidence-based strategies selected for their potential of having the greatest collective impact on controlling asthma. The revised objective, focused on reducing asthma emergency department visits, will still encompass asthma home-visiting interventions as an action. The revised objective is in alignment with the National Asthma Control Program’s new initiative, Controlling Childhood Asthma Reducing Emergencies (CCARE), and the aspirational goal of preventing 500,000 hospitalizations and emergency department visits among children. The revised objective is also aligned with the Agency for Health Care Administration’s focus on reducing potentially preventable emergency department visits and hospitalizations as most asthma emergency department visits are preventable with proper education, clinical management, medication adherence, and trigger mitigation and avoidance. The target represents a 5% reduction each year.</p> | | | | | | |

| 2018 Performance | | | | | | |
|------------------|--|----------|-----------------------|-------------|-------|----------|
| Objective Number | Objective | Baseline | 2018 Progress Measure | Plan Target | Trend | Status |
| CD1.2.3 | By December 31, 2021 increase the number of CHWs and other health care extenders trained on medication therapy management support from 40 (2016) to 250. | 40 | 214 | 250 | ▲ | On track |

Chronic Diseases & Conditions

–Includes Tobacco-Related Illnesses & Cancer

Strategy CD1.3: Educate Floridians to empower them to be health champions for themselves, their families, and their communities

| 2018 Performance | | | | | | |
|------------------|--|----------|-----------------------|-------------|---|----------|
| Objective Number | Objective | Baseline | 2018 Progress Measure | Plan Target | Trend | Status |
| CD1.3.1 | By December 31, 2021, increase the Medical Quality of Care Indicator Adolescent Well-Care Visits from 53% (2015) to 60%. | 53% | 57% | 60% |  | On track |

| 2018 Performance | | | | | | |
|------------------|--|----------|-----------------------|-------------|---|--------------|
| Objective Number | Objective | Baseline | 2018 Progress Measure | Plan Target | Trend | Status |
| CD1.3.2 | By December 31, 2021, increase the percentage of Florida adult current smokers who tried to quit smoking at least one in the past year from 64.9% (2015) to 71.4%. | 64.9% | 61.6% | 71.4% |  | Not on track |

| 2019 Revisions | | | | | | |
|----------------|--|-------|--|-------|--|--|
| CD1.3.2 | By December 31, 2021, increase the percentage of Florida adult current smokers who tried to quit smoking at least one in the past year from 64.9% (2015) to <u>67.0%</u> . | 64.9% | | 67.0% | | |

| Rationale | | | | | | |
|--|--|--|--|--|--|--|
| The current measure reflected a 10% change (6.49 percentage points) over five years. This degree of change has not been achieved in the past six years, and data since baseline have trended downwards (2015: 64.9%; 2016: 62.1%; 2017: 61.6%). The revised objective target reflects an 8.7% increase (from 2017 estimate) by 2021. | | | | | | |

Blue underlined text denotes new language added

Chronic Diseases & Conditions

–Includes Tobacco-Related Illnesses & Cancer

| 2018 Performance | | | | | | |
|---|--|----------|-----------------------|-------------|---|----------|
| Objective Number | Objective | Baseline | 2018 Progress Measure | Plan Target | Trend | Status |
| CD1.3.3 | By December 31, 2021, increase the percentage of adults with diabetes who report having ever taken a course or class on diabetes self-management from 46.1% (2015) to 55%. | 46.1% | 48.1% | 55% |  | On track |
| New Data to be Considered | | | | | | |
| One main limitation of this measure is that it does not specify whether the course taken was in alignment with the National Standards for Diabetes Self-Management Education and Support (DSMES). Another limitation is that it only captures adults who have ever taken a course or class. It is recommended that an individual receives DSMES services upon diagnosis, during annual follow-up doctor visits, and when there are major changes in an individual's health and/or life that affect the way they care for themselves. PAW members are going to explore alternative data sources for this measure over the next year. | | | | | | |

| 2018 Performance | | | | | | |
|--|--|----------|-----------------------|-------------|---|--------------|
| Objective Number | Objective | Baseline | 2018 Progress Measure | Plan Target | Trend | Status |
| CD1.3.4 | By December 31, 2021, increase the percentage of adults with hypertension served by Federally Qualified Health Centers who have their blood pressure adequately controlled (<140/90) from 60.6% (2015) to 72.7%. | 60.6% | 60.4% | 72.7% |  | Not on track |
| 2019 Revisions | | | | | | |
| CD1.3.4 | By December 31, 2021, increase the percentage of adults with hypertension served by Federally Qualified Health Centers who have their blood pressure adequately controlled (<140/90) from 60.6% (2015) to <u>66.7%</u> . | 60.6% | | 66.7% | | |
| Rationale | | | | | | |
| The current objective reflects a 20% change (12.1 percentage points) over 5 years. In 2016, the indicator dropped to 59.4% before rising to 60.4% in 2017 – which is still slightly below the baseline. The revised objective target reflects a 10% increase over the original baseline. | | | | | | |
| New Data to be Considered | | | | | | |
| The percentage of patients with hypertension in Florida FQHCs has increased from 22.6% in 2015 to 28.2% in 2017, moving this figure closed to the state average for hypertension of 34.6% (BRFSS 2017). This may mean that FQHCs are doing a better job of identifying and diagnosing patients with hypertension which is a critical first step in improving management. | | | | | | |

Blue underlined text denotes new language added

Chronic Diseases & Conditions

–Includes Tobacco-Related Illnesses & Cancer

Goal CD2: Enhance community health systems to address social determinants of health through Asset Based Community Development and partnerships

Strategy CD2.1: Expand documentation and dissemination of community-based best practices related to the incorporation of Social Determinants of Health to increase implementation by county health departments, local governments, community organizations, and healthcare systems

| 2019 Revisions | | |
|---|---|--|
| Strategy | Current Strategy | Revised Strategy |
| CD2.1 | Expand documentation and dissemination of community-based best practices related to the incorporation of social determinants of health to increase implementation by county health departments, local governments, community organizations and health care systems. | Expand documentation and dissemination of community-based best practices related to the incorporation of Social Determinants of Health to increase implementation by county health departments, <u>Area Agencies on Aging</u> , local governments, community organizations and healthcare systems. |
| Rationale | | |
| Adding Area Agencies on Aging to the strategy increases awareness and visibility of their role as key players in the implementation of community-based best practices related to the incorporation of the Social Determinants of Health and chronic disease prevention efforts. | | |

Blue underlined text denotes new language added

| 2018 Performance | | | | | | |
|------------------|---|----------|-----------------------|-------------|-------|----------|
| Objective Number | Objective | Baseline | 2018 Progress Measure | Plan Target | Trend | Status |
| CD2.1.1 | By December 31, 2021, increase the number of chronic disease training opportunities for CHWs available from providers approved by the Florida Certification Board from 0 (2017) to 5. | 0 | 1 | 5 | ▲ | On track |

Chronic Diseases & Conditions

–Includes Tobacco-Related Illnesses & Cancer

Strategy CD2.1: Develop a standardized system of measurement and surveillance for Florida through collaboration, trainings and consensus building among public health professionals, academics and health care system partners to enhance the use of timely actionable data and improve chronic disease outcomes

| 2018 Performance | | | | | | |
|---|--|----------|-----------------------|-------------|-------|----------|
| Objective Number | Objective | Baseline | 2018 Progress Measure | Plan Target | Trend | Status |
| CD2.2.1 | By December 31, 2021, Florida will have a standardized system for defining, measuring, and tracking chronic disease burden to support effective implementation of appropriate programs, policies, and systems of care. | 0% | 15% | 100% | ▲ | On track |
| 2019 Revisions | | | | | | |
| CD2.2.1 | By December 31, 2021, <u>increase the number of FQHCs in Florida using patient registries to improve quality of care for patients with chronic diseases from 17 (2019) to 40.</u> | 17 | | 40 | | |
| Rationale | | | | | | |
| This objective had several different interpretations and no significant work has been carried out to advance this objective. Disease registries are valuable tools to help improve the identification and management of individuals with various chronic conditions and emphasize use of electronic health records to drive quality improvements. | | | | | | |

Blue underlined text denotes new language added

New Objective

| New Objective Number | New Objective | Baseline | Plan Target |
|--|---|----------|-------------|
| CD2.1.2 | By January 30, 2020, establish a baseline for expansion of evidence-based chronic disease prevention programs for elders statewide for 2020 and 2021. | 0% | 100% |
| Rationale | | | |
| This is a proposed addition from the Florida Department of Elder Affairs. Work will be carried out during 2019 to compile data to establish a baseline of evidence-based chronic disease prevention programs for elders. A measurable objective will be proposed next year using the established baseline. | | | |

Chronic Diseases & Conditions

–Includes Tobacco-Related Illnesses & Cancer

Areas of Excellence

- **Quit Service Referrals** – Tobacco Free Florida (TFF) has focused on introducing e-referrals into health systems to support health care provider assisted referrals to quit services. UF Health Shands, with its main campus in Gainesville and all its satellite campuses, was the second major health care system to implement e-referral. Since its launch in January 2018, there has been a steady growth in referrals from this health system. Tobacco Free Florida has produced a guide to implement e-referral for health systems and will be using this to expand this function. Other health care organizations, like Moffitt Cancer Center in Tampa, have expressed interest and a high level of readiness to begin implementation.
- **Reasons Media Campaign** – Tobacco Free Florida's (TFF) efforts have helped reduce smoking rates in Florida, but there are still geographic and demographic inequalities across the state. Cigarette smoking disproportionately affects the health of people with low socioeconomic status. Additionally, smoking rates among people living in rural areas is higher than their non-rural counterparts. The Tobacco Free Florida health communications vendor performed an exploratory deep dive to better understand the Rural and Low SES target. This research aided in the development of their new media campaign, Reasons. This is a strengthen-based campaign that leverages the values of both the rural and low SES smoker in motivating them to quit. The campaign launched in 2018 and findings show that greater exposure to TFF ads was significantly associated with increased motivation to quit among smokers and quit attempts.
- **Diabetes Statewide Engagement Meeting** – The Bureau of Chronic Disease Prevention at the Florida Department of Health, with support from the National Association of Chronic Disease Directors, hosted a Diabetes Prevention Statewide Engagement Meeting (StEM) in April 2018. This event brought together more than 120 representatives from more than 50 organizations statewide. The first day focused sessions that educated the audience about the National Diabetes Prevention Program, the current landscape in Florida, and successful models of programs being implemented by various sectors including local health departments, community-based organizations, health systems and insurers. The second day focused on building an action plan to increase awareness and availability of, increase screening, testing and referral to, and increasing coverage for Diabetes Prevention Programs.
- **New Centers for Disease Control and Prevention (CDC) Funding** – The Bureau of Chronic Disease Prevention at the Florida Department of Health was awarded three new federal cooperative agreements from the Centers for Disease Control and Prevention to support efforts focused on enhancing systems of care for cardiovascular disease and diabetes and improving health outcomes. Florida is now participating in the WISEWOMAN (Well-Integrated Screening and Evaluation for WOMen Across the Nation) program, created to help women ages 40-64 who are uninsured or underinsured understand and reduce their risk for heart disease and stroke by providing services to promote lasting heart-healthy lifestyles.
- **Asthma Emergency Department Visits** – The Florida Asthma and Tobacco Cessation Learning and Action Network engaged eight Medicaid Managed Medical Assistance Plans in rapid-cycle quality improvement tests of change, focused on asthma emergency department visits among children. Many effective strategies, including member and provider education, enhanced communication, and home-visiting efforts, were identified to have positive improvements on patient outcomes and have been scaled and implemented broadly for more members of the plans. Participants also reported the quality improvement methodologies learned will be used to explore improvements in other areas as well.

Chronic Diseases & Conditions

–Includes Tobacco-Related Illnesses & Cancer

Opportunities for Improvement and/or Next Steps

Opportunities for Improvement

Several designated members of the Chronic Diseases and Conditions Priority Area Workgroup (PAW) have transitioned to other positions outside of their organizations. Therefore, many PAW members have been removed, creating a need to assess the current membership and engage new organizations.

Next Steps

The Chronic Diseases and Conditions Priority Area Workgroup (PAW) will engage current members in identifying and inviting additional organizations and individuals to participate. We will also carry out a process to allow members to indicate the objectives most aligned with their interests. Smaller work groups may be established to allow for deeper focus on topics of interest for members and more coordination across disease topics the Chronic Diseases and Conditions Priority Area Workgroup (PAW). The larger PAW will develop and implement cross-cutting activities and actions.



Alzheimer’s Disease & Related Dementias (New Priority)

Goals, Strategies & Objectives

Goal AD1: Identify a statewide system of resources and support to formalize the Alzheimer’s disease and related dementias (ADRD) network.

Strategy AD1.1: Establish the Department of Health as a Center of Excellence pursuant to the federal Building Our Largest Dementia Infrastructure for Alzheimer’s Act (BOLD Act).

| Objective Number | Objective | Baseline | Plan Target |
|------------------|--|----------|-------------|
| AD1.1.1 | By December 31, 2019, have a dedicated Dementia Director for Florida. | 0 | 1 |
| AD1.1.2 | By December 31, 2019, identify existing state-level Alzheimer’s advocates. | 0% | 100% |

Strategy AD1.2: Create public awareness of modifiable risk factors that reduce the likelihood of developing Alzheimer’s disease and related dementias (ADRD) and create public awareness of health disparities between populations.

| Objective Number | Objective | Baseline | Plan Target |
|------------------|--|----------|-------------|
| AD1.2.1 | By December 31, 2019, increase the number of Area Agencies on Aging participating in at least one Dementia Care and Cure Initiative task force from 8 (2018) to 11 (100%). | 8 | 11 |
| AD1.2.2 | By December 31, 2020, incorporate the Center for Disease Control’s Healthy Brain Initiative Public Health Road Map to establish local and state partnerships to address dementia using the Four Essential Services of Public Health: Monitor and Evaluate, Educate and Empower the Nation, Develop Policies and Mobilize Partnerships, and Assure a Competent Workforce. | 0% | 100% |

Alzheimer's Disease & Related Dementias

(New Priority)

Goal AD2: Strengthen the capacity of care organizations to assess, diagnose, and treat individuals with ADRD and expand support for their caregivers.

Strategy AD2.1: Engage with the hospitals and universities that house the state's Memory Disorder Clinics (MDCs) so that they each answer Governor DeSantis' challenge to provide matching funding annually to the clinics to allow for an increase in the number of individuals they serve with evaluation and diagnostic testing for dementia.

| Objective Number | Objective | Baseline | Plan Target |
|------------------|---|----------|-------------|
| AD2.1.1 | By October 31, 2019, the Florida Department of Elder Affairs will provide the current Elder Needs Index (ENI) mapping information, along with training on how to use the ENI tools, to all MDCs, Dementia Care and Cure Initiative task forces, the Alzheimer's Association and other identified groups, and each Area Agency on Aging to assist with identification of and outreach efforts to vulnerable individuals living with Alzheimer's disease and related dementias (ADRD) and their caregivers. | 0% | 100% |
| AD2.1.2 | By October 31, 2019, partner with the Alzheimer's Association and other organizations to identify best practices and existing capacity for mobile outreach efforts to vulnerable individuals living with ADRD and their caregivers. | 0% | 100% |
| AD2.1.3 | By July 1, 2020, increase by 25% the number of memory disorder clinics providing matching funds through the hiring of individuals to provide evaluations and diagnostic services. | | |
| AD2.1.4 | By July 1, 2020, increase evaluations and diagnostic services conducted by each memory disorder clinic by 15%. | | |

Strategy AD2.2: Provide improved tools and training to hospitals, academic medical centers / teaching hospitals, Veterans Administration clinics and hospitals, Tribal facilities, county health departments, physician groups, and individual physicians to assess, diagnose, and treat individuals who have Alzheimer's disease and related dementias (ADRD).

| Objective Number | Objective | Baseline | Plan Target |
|------------------|---|----------|-------------|
| AD2.2.1 | By [insert date], develop a patient/caregiver toolkit to be provided by identified organizations to individuals who have been diagnosed with ADRD and those who are caregivers of individuals diagnosed with ADRD. | 0% | 100% |
| AD2.2.2 | By December 31, 2019, ensure all licensed hospitals in Florida receive a summary of new Medicare Code 99483 which provides reimbursement to physicians and other eligible billing practitioners for a comprehensive clinical visit that results in a written care plan. | 0% | 100% |

Alzheimer's Disease & Related Dementias (New Priority)

Strategy AD2.3: Increase education, training, and respite options for caregivers who are providing care and support for individuals with Alzheimer's disease and related dementias (ADRD).

| Objective Number | Objective | Baseline | Plan Target |
|------------------|---|----------|-------------|
| AD2.3.1 | By December 31, 2019, identify caregiver training currently available, including training for caregivers when someone has just been diagnosed with ADRD and promote caregiver training. | 0% | 100% |

Goal AD3: Protect individuals with ADRD from further vulnerability.

Strategy AD3.1: Enhance the capacity and resiliency of communities to protect individuals with Alzheimer's disease and related dementias (ADRD).

| Objective Number | Objective | Baseline | Plan Target |
|------------------|--|----------|-------------|
| AD3.1.1 | By December 31, 2019, identify existing dementia training regarding care of individuals with ADRD before and after disaster occurrences such as hurricanes, fires, tornadoes, floods, manmade and other disasters, and improve such training and care to increase community resilience after disasters strike. | 0% | 100% |

Strategy AD3.2: Reduce negative health impacts to individuals with Alzheimer's disease and related dementias by protecting them from abuse, neglect and exploitation.

| Objective Number | Objective | Baseline | Plan Target |
|------------------|--|----------|-------------|
| AD3.2.1 | By December 31, 2019, engage with the financial services industry and determine a baseline of industry or specific financial institutions which train employees to detect suspicious activity. | 0% | 100% |

Strategy AD3.3: Reduce health disparities by expanding access and utilization of ADRD-specific care and support services across targeted sub-populations including racial and ethnic minorities, low income individuals, individuals living in rural areas, individuals with Limited English Proficiency, and individuals with disabilities.

| Objective Number | Objective | Baseline | Plan Target |
|------------------|--|----------|-------------|
| AD3.3.1 | By December 31, 2021, increase mobile outreach to targeted sub-populations. | | |
| AD3.3.2 | By December 31, 2021, increase by 10% clinical trial access to racial and ethnic minorities, low income individuals, individuals living in rural areas, individuals with Limited English Proficiency, and individuals with disabilities. | | |

Appendices

**I. 2018 SHIP Steering Committee
Annual Progress Review
& Revisions Meeting Materials**



**State Health Improvement Plan (SHIP) Steering Committee
Annual Progress Review and Revisions Meeting**
June 5, 2019
Building 4052 Room 301, 10:00 am – 4:30 pm
Shannon Hughes, Facilitator

Meeting Expectations/Objectives:

1. Introduction of Alzheimer’s Disease and Related Dementias Priority Area
2. 2018 Year in Review progress updates for the 2017-2021 SHIP
3. Make revisions to the 2017-2021 SHIP

| SESSION TIME | TITLE | PRESENTER |
|--------------|--|---|
| 10:00 AM | WELCOME – Jennifer Johnson , Acting Assistant Deputy Secretary of Health and Director, Division of Public Health Statistics and Performance Management | |
| 10:05 AM | Roll Call and Agenda | Shannon Hughes , Facilitator |
| 10:10 AM | Introduction of New Members | Jennifer Johnson |
| 10:20 AM | Introductory Remarks | Jennifer Johnson |
| 10:25 AM | Alzheimer’s Disease and Related Dementias <ul style="list-style-type: none"> • Overview of Priority • Recommendations for Revisions • Discussion • Decision on Recommended Revisions | Jeanne Curtin & Catherine Anne Avery , Florida Department of Elder Affairs Michelle Branham , Alzheimer’s Association |
| 10:50 AM | BREAK | |
| 11:00 AM | Health Equity Priority Area Workgroup <ul style="list-style-type: none"> • Annual Review • Recommendations for Revisions • Discussion • Decision on Recommended Revisions | Dr. Shamarial Roberson , Interim Director, Division of Community Health Promotion Megan Moran , Florida Department of Economic Opportunity |
| 11:25 AM | Maternal & Child Health Priority Area Workgroup <ul style="list-style-type: none"> • Annual Review • Recommendations for Revisions • Discussion • Decision on Recommended Revisions | Dr. Ghasi Phillips-Bell , Senior Maternal and Child Health Epidemiologist, Bureau of Family Health Services Cynthia Norris , Training and Research Consultant, Bureau of Child Protection Team |
| 11:50 AM | LUNCH | |

| SESSION TIME | TITLE | PRESENTER |
|--------------|---|---|
| 1:00 PM | Immunizations Priority Area Workgroup <ul style="list-style-type: none"> • Annual Review • Recommendations for Revisions • Discussion • Decision on Recommended Revisions | Amy Rigen , Immunization Section Administrator, Bureau of Epidemiology Steve McCoy , Administrator, Bureau of Emergency Management |
| 1:25 PM | Injury, Safety & Violence Priority Area Workgroup <ul style="list-style-type: none"> • Annual Review • Recommendations for Revisions • Discussion • Decision on Recommended Revisions | Jennifer Ray , Planning Consultant, Violence and Injury Prevention Program, Bureau of Family Health Services Robert “Bob” Smallcombe , Palm Beach County Fire Rescue |
| 1:50 PM | Healthy Weight, Nutrition & Physical Activity Priority Area Workgroup <ul style="list-style-type: none"> • Annual Review • Recommendations for Revisions • Discussion • Decision on Recommended Revisions | Sadé Collins , Acting Chief, Bureau of Chronic Disease Prevention and Environmental Approaches Section Administrator |
| 2:15 PM | Behavioral Health Priority Area Workgroup <ul style="list-style-type: none"> • Annual Review • Recommendations for Revisions • Discussion • Decision on Recommended Revisions | Heather Allman , Program Information Unit Manager, Office of Substance Abuse and Mental Health, Florida Department of Children and Families Melanie Brown-Woofter , President/CEO, One Behavioral Health Association |
| 2:40 PM | BREAK | |
| 2:50 PM | Sexually Transmitted Diseases & Other Infectious Diseases Priority Area Workgroup <ul style="list-style-type: none"> • Annual Review • Recommendations for Revisions • Discussion • Decision on Recommended Revisions | Laura Reeves , HIV/AIDS Section Administrator, Bureau of Communicable Diseases Nychie Dotson , Health Care-Associated Infection Program Manager, Bureau of Epidemiology |
| 3:15 PM | Chronic Diseases & Conditions Priority Area Workgroup <ul style="list-style-type: none"> • Annual Review • Recommendations for Revisions • Discussion • Decision on Recommended Revisions | Jamie Forrest , Acting Chief, Bureau of Chronic Disease Prevention and Epidemiology and Evaluation Program Administrator |
| 3:40 PM | Public Comment | Members of the Public |
| 3:50 PM | Next Steps for the SHIP Steering Committee | Shannon Hughes |
| 4:00 PM | CLOSING – Jennifer Johnson | |



State Health Improvement Plan (SHIP) Steering Committee
Annual Progress Review and Revisions Meeting
 June 5, 2019
 Florida Department of Health
 Building 4052 Room 301
 Shannon Hughes, Facilitator

Meeting Summary

Purpose and Desired Meeting Outcomes:

1. Introduction of Alzheimer’s Disease and Related Dementias Priority Area
2. 2018 Year in Review progress updates for the 2017-2021 SHIP
3. Make revisions to the 2017-2021 SHIP

Member Participation:

| COUNTY/CENTRAL OFFICE PROGRAM | NAME | TITLE | PRESENT IN PERSON | PRESENT VIA ONLINE MEETING | NOT PRESENT |
|---|---------------------------------|---|-------------------|----------------------------|-------------|
| Agency for Healthcare Administration | Nikole Helvey | Bureau Chief | X | | |
| Agency for Persons with Disabilities | Barbara Palmer | Director | | X | |
| Feeding Florida | Robin Safley | Executive Director | | | X |
| Florida American Indian Health Advisory Council | Paul Rowley | President and CEO | | X | |
| Florida Association of Community Health Centers | Ben Browning for Andrew Behrman | Vice President | X | | |
| Florida Association of Health Planning Agencies, Inc. | Mike Hill | President | | X | |
| Florida Association of Health Plans, Inc. | Paul Runk | Vice President | X | | |
| Florida Blue | Gordon Bailey, III | Vice President | | | X |
| Florida Chamber Foundation | Tony Carvajal | Executive Vice President | | X | |
| Florida Dental Association | Natalie Carr-Bastillo | Vice President | X | | |
| Florida Department of Agriculture and Consumer Services | Lisa Conti | Director, Strategic Initiatives | | | X |
| Florida Department of Children and Families | David Mica | Chief of Staff | | | X |
| Florida Department of Economic Opportunity | Megan Moran | Strategic Planning and Performance Consultant | X | | |
| Florida Department of Education | Penny Taylor | Director, Office of Healthy Schools | X | | |
| Florida Department of Elder Affairs | Madeleine Nobles | Director, Bureau of CARES | X | | |
| Florida Department of Environmental Protection | Carla Gaskin Mautz | Staff Director, Regulatory Programs | | | X |



State Health Improvement Plan (SHIP) Steering Committee
Annual Progress Review and Revisions Meeting
 June 5, 2019
 Florida Department of Health
 Building 4052 Room 301
 Shannon Hughes, Facilitator

Meeting Summary

| COUNTY/CENTRAL OFFICE PROGRAM | NAME | TITLE | PRESENT IN PERSON | PRESENT VIA ONLINE MEETING | NOT PRESENT |
|--|--------------------------------------|--|-------------------|----------------------------|-------------|
| Florida Department of Health | Jennifer Johnson | Acting Assistant Deputy Secretary | X | | |
| Florida Department of Health in Gulf/Franklin County | Sarah Hinds | Health Officer | X | | |
| Florida Department of Health of Nassau County | Eugenia Ngo-Seidel | Health Officer | | | X |
| Florida Department of Juvenile Justice | Charles Corley | Health Services Administrator | | | X |
| Florida Department of Transportation | Jim Halley for Lora Hollingsworth | Chief Safety Engineer | X | | |
| Florida Hospital Association | Kim Streit | Vice President, Healthcare Research and Information | | | X |
| Florida Housing Finance Corporation | Trey Price | Executive Director | | | X |
| Florida Institute for Health Innovation | Danielle Lewald | Program Manager, Fetal and Infant Mortality Review Program | | | X |
| Florida Philanthropic Network | Johnette Gindling | Secretary | | X | |
| Florida State University | George Rust | Director, Center for Medicine and Public Health | | | X |
| Florida's One Behavioral Health Association | Melanie Brown-Woofter | President and CEO | X | | |
| Office of Attorney General Ashley Moody | Michelle Crum | Bureau Chief, Victim Compensation | X | | |
| United Way of Florida | Ted Granger | President | | | X |
| University of Florida | Sarah McKune | Director, Public Health Programs | | | X |
| VISIT Florida | John Tupps | Vice President, Government Relations | | | X |



**State Health Improvement Plan (SHIP) Steering Committee
Annual Progress Review and Revisions Meeting**
June 5, 2019
Florida Department of Health
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Meeting Summary

Meeting Notes:

| TOPIC | ACTION ITEMS, TOPICS FOR NEXT MEETING AND SUMMARY OF DISCUSSIONS | PRESENTER/FACILITATOR |
|---|--|---|
| Welcome Roll Call and Agenda Overview | | Jennifer Johnson Shannon Hughes |
| Introduction of New Members | | Jennifer Johnson |
| Introductory Remarks | Summary of 2018 SHIP Progress | Jennifer Johnson |
| Presentations | <p>Alzheimer’s Disease and Related Dementias (ADRD):</p> <ul style="list-style-type: none"> • Discussion on Recommendations- <ul style="list-style-type: none"> ○ <u>ADRD3.1.1 Question:</u> Steering Committee has a concern about the possible non-existence of current dementia training regarding care with ADRD. An additional question was, “Is the objective intended to develop or identify training?” Priority area workgroup members answered that the objective will be to raise awareness and identify the needs for training. They will first look at existing structures to identify potential areas of improvement and needs related to this objective. ○ <u>ADRD3.1 Suggestion:</u> The priority area workgroup can work with the Agency for Health Care Administration (AHCA) through the Empower Initiative regarding emergencies such as natural disasters, crises, etc. ○ <u>ADRD2.1.1 Discussion:</u> There was some discussion about toolkits and how to create them. The priority area workgroup stated that the Alzheimer’s Association has a toolkit that can be modified depending on the state and what is needed for that state. • Decision on Recommended Additions - All revisions accepted. • Action Items: Connect Alzheimer’s Priority Area Workgroup with Nikole Helvey from AHCA (FL Crisis Response Team and the Empower Initiative). | <p>Jeanne Curtin & Catherine Anne Avery, Florida Department of Elder Affairs</p> <p>Michelle Branham, Alzheimer’s Association</p> |



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Annual Progress Review and Revisions Meeting
 June 5, 2019
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| TOPIC | ACTION ITEMS, TOPICS FOR NEXT MEETING AND SUMMARY OF DISCUSSIONS | PRESENTER/FACILITATOR |
|-------|---|--|
| | <p>Health Equity (HE):</p> <ul style="list-style-type: none"> ● Discussion: <ul style="list-style-type: none"> ○ <u>HE3.1.1 Question:</u> The Steering Committee asked if the objective will fit better in the Behavioral Health Priority instead of Health Equity. The priority area workgroup said their initial plan was for it to be under Health Equity for streamlining the activities that are around opioids. One of the presenters stated that the objective is geared towards addressing workforce development. There was further discussion around how this is a workforce related effort and that the objective could be co-located with the Behavioral Health Priority. ○ <u>HE3.3.1 Discussion:</u> There was discussion regarding the data being used for that objective and furthering research on it. The priority area workgroup answered that the data can be stratified by different variables but there is a problem with the data being a year behind. The revision was made to identify data that is in “real-time” and will identify populations who could not see a doctor due to cost instead of the original language and measurement, “those who have a personal doctor”. ● Decision on Recommended Revisions: All revisions accepted and objective HE3.1.1 will be co-located in both Health Equity and Behavioral Health Priorities. ● Action Items: Objective HE3.1.1 will be co-located as necessary. | <p>Dr. Shamarial Roberson, Florida Department of Health</p> <p>Megan Moran, Florida Department of Economic Opportunity</p> |
| | <p>Maternal and Child Health (MCH):</p> <ul style="list-style-type: none"> ● Discussion: <ul style="list-style-type: none"> ○ <u>MCH2.2.2 Discussion:</u> Discussion was initiated by the priority area workgroup related to the male medical check-up objective. Multiple Steering Committee members made suggestions on ways to best work with modifications to the objective such as working with Healthy Start (focused more on pregnancy), Healthy Families and Family Planning (participants can stay in program through 5 years) to link services with those in rural counties. The Bureau Chief of Family Health Services discussed coordinated care intake that recently begun and mentioned that an Evaluator from the Bureau of Family Health Services should be able to help with the modifications based off the intake information. It was suggested to the priority work group to consider the intake data when revising future objectives once data are analyzed. Coordinated | <p>Dr. Ghasi Phillips-Bell, Bureau of Family Health Services, Florida Department of Health</p> <p>Cynthia Norris, Children’s Medical Services, Florida Department of Health</p> |



State Health Improvement Plan (SHIP) Steering Committee
Annual Progress Review and Revisions Meeting
 June 5, 2019
 Florida Department of Health
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| TOPIC | ACTION ITEMS, TOPICS FOR NEXT MEETING AND SUMMARY OF DISCUSSIONS | PRESENTER/FACILITATOR |
|-------|---|-----------------------|
| | <p>intake and referral includes Healthy Families, Healthy Start and other organizations that will be fit for the mother’s needs. The priority area workgroup co-chairs asked for recommendations for relevant men’s groups to participate in the MCH priority area workgroup. The priority area workgroup mentioned that available data and current activities are important to take into consideration when identifying an indicator related to men’s health.</p> <ul style="list-style-type: none"> ○ <u>Question Regarding “Not on Track” Objectives:</u> A Steering Committee member asked, “Do you feel these revisions will address those objectives that are not on track?” The priority area workgroup discussed that the data lag does pose as a barrier and factor when identifying progress towards achieving the objectives. The priority area workgroup discussed that the indicators and objectives are multifaceted and some activities may not help in measuring objectives effectively and appropriately. Discussion around Pregnancy Risk Assessment Monitoring System (PRAMS) data and issues related to data collection was also mentioned. For Florida to be represented in this data, there must be a certain amount of surveys collected. The priority area workgroup is currently working to identify opportunities to collect local level data. ○ <u>Further Discussions (MCH1.1):</u> CMS Division Director discussed that safe sleep is one of the top three reasons for infant death. The MCH priority area workgroup is currently working to identify a more agreeable measure related to safe sleep at the next gathering. One plus for using the national survey is the ability to compare to other states across the nation. Funding is a limitation regarding the ability to survey. ● Decision on Recommended Revisions: <ul style="list-style-type: none"> ○ A recommendation from the floor was that the MCH priority area workgroup consider aligning with the communicable disease and the Office of Minority Health and Health Equity at the Florida Department of Health as it pertains to groups centered around Men’s health, if possible. ○ A new objective related to the indicator will be provided at the next cycle by the priority area workgroup. ● Action Items: Have the evaluator identify potential indicators pertaining to men’s reproductive health. The priority area workgroup also needs to identify if the objectives are appropriate for activities to measure progress, taking into consideration the barriers to getting recent data. | |



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Annual Progress Review and Revisions Meeting**
June 5, 2019
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| TOPIC | ACTION ITEMS, TOPICS FOR NEXT MEETING AND SUMMARY OF DISCUSSIONS | PRESENTER/FACILITATOR |
|-------|--|--|
| | <p>Immunizations (IMM):</p> <ul style="list-style-type: none"> • Discussion: <ul style="list-style-type: none"> ○ <u>Objectives 1.1.1 and 1.1.2:</u> These objectives do not have recent data available to measure progress. ○ <u>Objective 2.1.1:</u> Recently, the priority area workgroup received data from Q2 and the objective is now not on track. Steering Committee would like the priority area workgroup to take into consideration including elder related immunizations. ○ <u>New Objective Discussion (2.1.3):</u> The Steering committee asked is there any research being done to identify barriers and reasons Emergency Medical Services (EMS) providers are not providing vaccinations? The priority area workgroup answered that there are barriers and reasons EMS providers are not providing vaccinations. However, work is being done to identify motivations and drive that is in place for those providers. The EMS group is working on this objective. • Decision on Recommended Revision: All revisions accepted. • Action Items: AHCA shared that a data use agreement will be put in place for Medicaid data related to immunizations. Connect with Elder Affairs and Immunization availability. <p>Injury, Safety & Violence (ISV):</p> <ul style="list-style-type: none"> • Discussion: <ul style="list-style-type: none"> ○ <u>ISV1.1 Discussion:</u> Clarification was requested by the Steering Committee regarding the deletion of strategy/objectives 1.1 to combine efforts related to traffic fatalities. There are existing coalitions in place that will continue the work related to these objectives. • Decision on Recommended Revisions: All revisions accepted. • Action Items: None at this time. | <p>Amy Rigger, Immunization Section, Florida Department of Health</p> <p>Steve McCoy, Bureau of Emergency Management, Florida Department of Health</p> <p>Jennifer Ray, Injury Prevention Program, Florida Department of Health</p> <p>Robert “Bob” Smallcombe, Palm Beach Fire Rescue</p> |
| | <p>Healthy Weight, Nutrition & Physical Activity (HW):</p> <ul style="list-style-type: none"> • Discussion: <ul style="list-style-type: none"> ○ <u>HW1.2.2 Discussion:</u> Steering Committee asked about any potential to add an objective related to active transportation. The priority area workgroup co-chair stated that they are open to discussing future collaborations with Florida Department of Transportation (DOT) regarding active transportation. | <p>Sade Collins, Bureau of Chronic Disease, Florida Department of Health</p> |



**State Health Improvement Plan (SHIP) Steering Committee
Annual Progress Review and Revisions Meeting**
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Florida Department of Health
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| TOPIC | ACTION ITEMS, TOPICS FOR NEXT MEETING AND SUMMARY OF DISCUSSIONS | PRESENTER/FACILITATOR |
|-------|---|---|
| | <ul style="list-style-type: none"> ○ <u>Further Discussion</u>: Another question posed by the Steering Committee was can objectives be added that are geared toward adults. The priority area workgroup answered that every objective regarding physical activity measures across the lifespan. ○ <u>HW1.2 Discussion</u>: There was a recommendation by Steering Committee members to work with the Florida Breastfeeding Coalition due to resources and creating these coalitions. ○ <u>HW2.1 Discussion</u>: Recommendation from the Steering Committee regarding this objective was to change verbiage from “number of visits” to “number of Floridians.” ○ <u>Further Discussion</u>: A Steering Committee member inquired about if Women, Infant & Children (WIC) data has been looked at as an objective. The Division Director of Community Health Promotion, which houses the WIC program, stated there is ample data available and it could be analyzed to identify the percentage of those that are enrolling and when. ○ <u>HW2.1 Discussion</u>: The priority area workgroup co-chair wanted feedback on what data source to use. A Steering Committee member suggested looking at where you can combine the data unless it results in duplication (cross-sectional data). ● Decision on Recommended Revisions: All revisions accepted. ● Action Items: <ul style="list-style-type: none"> ○ Data source to be used for the School Health Index objective. Have priority area workgroup identify data source to ensure de-duplication. ○ Consulting with DOT (bike/ped staff) to look into adding an objective related to active transportation/complete streets. ○ Potential for identifying objectives that look into WIC for collaboration. <p>Behavioral Health (BH):</p> <ul style="list-style-type: none"> ● Discussion: <ul style="list-style-type: none"> ○ <u>BH4.2 Discussion</u>: Steering Committee asked if suicide intervention activities and are there ways to include it into the objective. The priority area workgroup stated that there is not any funding slated for suicide prevention in the state of Florida. All work is completed as resources are identified, although there is a state plan for suicide prevention that is developed by a | <p>Heather Allman, Florida Department of Children & Families</p> |



**State Health Improvement Plan (SHIP) Steering Committee
Annual Progress Review and Revisions Meeting**
June 5, 2019
Florida Department of Health
Building 4052 Room 301
Shannon Hughes, Facilitator

Meeting Summary

| TOPIC | ACTION ITEMS, TOPICS FOR NEXT MEETING AND SUMMARY OF DISCUSSIONS | PRESENTER/FACILITATOR |
|-------|--|--|
| | <p>Suicide Prevention Coordinating Council, that is administered by the Department of Children and Families' Statewide Office of Suicide Prevention; This council is working with the state and the priority area workgroup. Another Steering Committee member mentioned that University of Georgia is doing a pilot program for suicide intervention and needs two states to pilot. The program started off with being used for Veteran's Affairs. This would be a good way to get an intervention activity for the priority area workgroup.</p> <ul style="list-style-type: none"> ○ <u>Further Discussion</u>: Another question posed by the Steering Committee inquired about there being any partnerships that could be developed with medical associations to incorporate suicide education for medical professionals as part of re-certification. Multiple suggestions were discussed including education for non-health professionals (i.e., Zero Suicide). An Administrative Rule will be proposed July 17, 2019, related to all 6-12 graders receiving at minimum 5 hours of social emotional education per school year. ○ <u>More BH4 Discussion</u>: A question inquiring about there being any resources geared toward areas that have had recent crises (natural disasters, etc.) was posed by the Steering Committee. The priority area workgroup stated that there is a crisis intervention grant from the Federal Emergency Management Agency (FEMA) that exists to provide resources in the acute period following the disaster (not just limited to behavioral health). It was stated by a Steering Committee member that they will connect the priority area workgroup with Health and Human Services (HHS), who is currently looking for organizations to implement HHS's recovery program dealing with mental health. ○ <u>BH1.2.1 Discussion</u>: Data has not been obtained for this objective; therefore, it is not on track. ● Decision on Recommended Revisions: All revisions accepted. ● Action Items: <ul style="list-style-type: none"> ○ Coordinate with Department of Elder Affairs (DOEA) for potential objectives around suicide intervention for next meeting. ○ Coordinate with Medical Quality Assurance (MQA) at FLDOH or the Medical Society and health professionals (including behavioral health professionals) to develop continuing education. ○ Connect with person from HHS related to disaster-related efforts and mental health. | <p>Melanie Brown-Woofter, Florida's One Behavioral Health Association</p> |



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Meeting Summary

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|-------|---|--|
| | <p>STD and Other Infectious Diseases (ID):</p> <ul style="list-style-type: none"> • Discussion: The Hospital Associated Infection (HAI) Section of the Florida Department of Health effort requires a broad range of stakeholders to move the needle on these objectives. The hopes are the Steering Committee can assist with expanding partnerships and increase efforts throughout the state. <ul style="list-style-type: none"> ○ <u>ID3.4.1 Discussion:</u> A Steering Committee member asked why do some programs not participate in antimicrobial stewardship. The priority area workgroup will research barriers to providing the training for antimicrobial stewardship. A follow-up question was asked about what kind of participation is there in the network. The presenter stated that there are 251 acute care hospitals currently participating in the network (that is where the data comes from). There are ongoing efforts to increase participation in the network, which could alter the baseline in the future for these objectives. • Decision on Recommended Revisions: All revisions accepted. • Action Items: None at this time. | <p>Laura Reeves, HIV/AIDS Program, Florida Department of Health</p> <p>Nychie Dotson, Bureau of Epidemiology, Florida Department of Health</p> |
| | <p>Chronic Diseases & Conditions (CD):</p> <ul style="list-style-type: none"> • Discussion: <ul style="list-style-type: none"> ○ <u>CD3.3.2 Discussion:</u> Steering Committee asked about why the number for the baseline has decreased. The Bureau Chief of Tobacco Free Florida responded by saying it is believed that there are other co-existing factors that play into the decreased quit attempts. Smokers are switching products instead of “quitting.” Efforts are in place within statutory ability to address youth vaping. Florida DOH is working closely with grantees throughout the state to incorporate vaping products when referring to “tobacco free.” The Behavioral Risk Factor Surveillance System (BRFSS) data currently only asks about those who smoke and not about those who use tobacco products. One of the Steering Committee members suggested working with the military population. It was indicated that the Steering Committee member is currently working with the U.S. Department of Defense to promote the resources available related to quitting and all tobacco usage. | <p>Jamie Forrest, Bureau of Chronic Disease Prevention, Florida Department of Health</p> |



**State Health Improvement Plan (SHIP) Steering Committee
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|---|--|--|
| Public Comment Next Steps for the SHIP Steering Committee Closing | <ul style="list-style-type: none"> ○ <u>Further Discussion:</u> There was a request from Steering Committee to obtain a report from Florida Asthma and Tobacco Cessation Learning and Action Network. ● Decision on Recommended Revisions: All revisions were accepted. ● Action Items: Pull data related to e-cigarettes/vaping for age groups and use for Steering Committee. <p>No public comment Next meeting will likely be in November.</p> | <p>Members of the Public Shannon Hughes</p> <p>Jennifer Johnson</p> |

II. List of Priority Area Workgroup Members by Priority Area

Health Equity Member List

| NAME | ORGANIZATION | PAW ROLE |
|-------------------------------|---|---------------------------------|
| PAW Leadership | | |
| Roberson, Dr. Shamarial | Florida Department of Health, Bureau of Chronic Disease Prevention | Internal co-chair |
| Forrest, Jamie | Florida Department of Health, Bureau of Chronic Disease Prevention | Member, <i>Assists co-chair</i> |
| PAW Members | | |
| Allman, Heather | Florida Department of Children and Families | Member |
| Avery, Anne | Florida Department of Elder Affairs | Member |
| Beck, Pam | Florida Department of Health in Jefferson County | Member |
| Brown, Robert | Florida Association of Counties | Member |
| Brown-Speights, Dr. Joedrecka | Florida State University, College of Medicine | Member |
| Carvajal, Tony | Florida Chamber of Commerce | Member |
| Chansler, Anne | Florida Department of Elder Affairs | Member |
| Clark, Edward | Florida Department of Health | Member |
| Early, Lisa | Parramore Kidz Zone and Families, City of Orlando | Member |
| Elmore, Jennifer | Florida Department of Elder Affairs | Member |
| Grischy, Daniel | Florida Department of Health, Office of Minority Health and Health Equity | Member |
| Hagan, Donna | Healthy Start of Jefferson, Madison and Taylor Counties | Member |
| Hill, Robert | American Heart Association/American Stroke Association Greater Southeast Affiliate | Member |
| Hodges, Mary | Florida Department of Elder Affairs | Member |
| Koch, Karen | Florida Supportive Housing Coalition | Member |
| Lewis, Wilhemina | Florida Community Health Centers | Member |
| Lingo, Lani | Florida Alliance of Boys and Girls Club | Member |
| Mohs, Lucy | Division of Vocational Rehabilitation | Member |
| Moran, Megan | Florida Department of Economic Opportunity | Member |
| Niles, Walter | Florida Department of Health, Office of Minority Health and Health Equity | Member |
| Peach, Ken | Florida Association of Health Planning Agencies | Member |
| Pepe, Joe | Florida Department of Health in Hendry County | Member |
| Price, Julianne | Florida Department of Health in Indian River | Member |
| Quinonez, Dr. Owen | Florida Department of Health, Office of Minority Health and Health Equity | Member |
| Ralston, Dr. Penny | Center on Better Health and Life for Underserved Populations | Member |
| Rubio, Ernest "Tito" | Florida Department of Health in Citrus County | Member |
| Shamburger, Jana | Florida Department of Health, Office of Minority Health and Health Equity | Member |
| Smith, Angela | Florida Department of Health in Lee County | Member |
| Sperber, Clint | Florida Department of Health in St. Lucie County | Member |
| Tamayo-Fridel, Claudia | Florida Disability and Health Program, Department of Health Services Management and Policy, University of Florida | Member |
| Taylor, Penny | Florida Department of Education | Member |
| Thompson, Erika | Florida Department of Transportation | Member |
| Weller, Ann-Karen | Florida Department of Health in Miami-Dade County | Member |
| Wiman, Allison | Big Bend Area Health Education Center/Big Bend Rural Health Network/ Florida Public Health Association Health Equity Workgroup | Member |

Maternal and Child Health Member List

| NAME | ORGANIZATION | PAW ROLE |
|--------------------------|--|-------------------|
| PAW Leadership | | |
| Beard, Sarah | Florida Department of Health, Bureau of Family Health Services | Internal co-chair |
| Hollis, Joni | Florida Department of Health, Bureau of CMS Network Operations | Internal co-chair |
| Phillips-Bell, Dr. Ghasi | Florida Department of Health, Bureau of Family Health Services | Internal co-chair |
| Sappenfield, Dr. Bill | University of South Florida | External co-chair |
| Heggins, Winnie | The Ounce of Prevention Fund of Florida | External co-chair |
| PAW Members | | |
| Aloupis, Vance | The Children's Movement of Florida | Member |
| Anderson, Joy | Healthy Start Coalition - Gadsden County | Member |
| Berry, Lo | REACH UP - President; Federal Healthy Start | Member |
| Boyer, Margie | AWHONN, Florida Hospital Tampa | Member |
| Brady, Carol | Florida Association of Healthy Start Coalitions | Member |
| Brown, Haywood | University of South Florida - IX | Member |
| Brown, Joedrecka | Florida State University, College of Medicine | Member |
| Coley, Dr. Elicia | Florida Agency for Health Care Administration, Bureau of Medicaid Policy | Member |
| Freedman, Stephen | University of South Florida | Member |
| Good, Ja | Florida Keys Healthy Start Coalition | Member |
| Gregory, Sean | University of South Florida | Member |
| Harris, Janicka | Florida Agency for Health Care Administration, Bureau of Medicaid Quality | Member |
| Harris, Karen | The American Congress of Obstetricians and Gynecologists (ACOG), District XII Chair; March of Dimes, Executive Committee for Program Services in FL, Chair | Member |
| Jackson, Antraneise | Florida Agency for Health Care Administration, Bureau of Medicaid Quality | Member |
| Kirk, Brian | March of Dimes | Member |
| Marshall, Jennifer | University of South Florida | Member |
| Ohlsen, Jennifer | Health Families Florida/Ounce Prevention Fund of Florida | Member |
| Pecha, Denise | CityMatCH | Member |
| Streit, Kim | Florida Hospital Association | Member |
| Chapman, Shay | Florida Department of Health, Bureau of Family Health Services | Member |
| Corbin, Laura | Florida Department of Health, Bureau of Tobacco Free Florida | Member |
| Davis, Ronald | Florida Department of Health, Bureau of Tobacco Free Florida | Member |
| Evans, Tiffane | Florida Department of Health, Bureau of Family Health Services, Adolescent Health | Member |
| Hernandez, Leticia | Florida Department of Health, Bureau of Family Health Services | Member |
| Jean-Baptiste, Ester | Florida Department of Health, Bureau of Family Health Services, Maternal Child Health Epidemiology | Member |
| Jenkins, Renee | Florida Department of Health, Bureau of Early Steps | Member |
| Powell, Dianne | Florida Department of Health, Bureau of Family Health Services | Member |
| Puckett, Erica | Florida Department of Health, Bureau of Child Protection and Special Technologies | Member |

| NAME | ORGANIZATION | PAW ROLE |
|-------------------------|---|----------|
| Roberts, Marissa | Florida Department of Health, CMS Managed Care Plans | Member |
| Sandefer-Gonsen, Jackie | Florida Department of Health, Bureau of Child Protection and Special Technologies | Member |
| Simmons, Anna | Florida Department of Health, Bureau of Family Health Services | Member |
| Speake, Susan | Florida Department of Health, Bureau of Family Health Services | Member |
| Stannard, Kelli | Florida Department of Health, CMS Managed Care Plans | Member |
| Thomas, Joshua | Florida Department of Health, CADR, Division of Children's Medical Services | Member |
| Thompson, Angela | Florida Department of Health, Bureau of Family Health Services | Member |
| Wahby, Ashley | Florida Department of Health, Bureau of Family Health Services | Member |
| Watson, Angel | Florida Department of Health, Bureau of Family Health Services | Member |
| Weiss, Ursula | Florida Department of Health, Bureau of Community Health Assessment | Member |

Immunizations and Influenza Member List

| NAME | ORGANIZATION | PAW ROLE |
|-----------------------|--|-----------------------------------|
| PAW Leadership | | |
| Cooksey, Dr. Adrian | Florida Department of Health in Gadsden County, Health Officer | Internal co-chair |
| Riggen, Amy | Florida Department of Health, Bureau of Epidemiology | Member, assists internal co-chair |
| Whisenant, Nancy | Florida Health Care Plans | External co-chair |
| Collins, Janet | Florida Department of Health, Division of Disease Control and Health Protection, Performance Management | PAW coordinator |
| Howell, Khadesia | Florida Department of Health, Division of Disease Control and Health Protection, Performance Management | PAW coordinator |
| Priddle, Rebecca | Florida Department of Health, Division of Disease Control and Health Protection, Performance Management | PAW coordinator |
| Samuel, Ashley | Florida Department of Health, Division of Disease Control and Health Protection, Epidemiology, Quality Improvement | PAW coordinator |
| PAW Members | | |
| Adebanjo, Dr. Tolu | Florida Department of Health in Orange County, CDC Preventive Medicine Resident | Member |
| Andree, Dr. Debra | Chief Medical Officer, Community Health Centers | Member |
| Bailey, Jenifer | Florida Agency For Healthcare Administration, Bureau of Medicaid Policy | Member |
| Coley, Elicia | Florida Agency For Healthcare Administration, Bureau of Medicaid Policy | Member |
| Crowley, Meghan | Florida Department of Health in Marion County, Director of Community Health | Member |
| Deariso, Michael | Florida Department of Health, Division of Disease Control and Health Protection, Florida SHOTS | Member |
| Decesare, Julie | Sacred Heart Women's Care, Pensacola, FL Obstetrics & Gynecology | Member |
| Dobert, Jennifer | Florida Department of Health, Bureau of Public Health Pharmacy | Member |
| Elliott, Arlene | Florida Agency For Healthcare Administration, Bureau of Medicaid Policy | Member |
| Floyd-Thomas, Erica | Florida Agency for Health Care Administration, Bureau Chief of Medicaid Policy | Member |
| Holt, Holly | Florida Department of Health in Walton County, Health Officer | Member |
| Kendrick, Katie | Florida Department of Health, Bureau of Epidemiology | Member |
| Lake-Burger, Heather | Florida Department of Health, Office of Public Health Research | Member |
| McCoy, Steve | Emergency Medical Services Administrator | Member |
| O'Neill, Mark | Florida Department of Health, Bureau of Epidemiology | Member |
| Peaten, Andrea | Florida Department of Health in Pinellas County | Member |
| Runk, Paul | Florida Association of Health Plans | Member |
| Schechtman, Dr. Tommy | Pediatric Partners | Member |
| Seaborn, Cynthia | Florida A&M University, College of Pharmacy & Pharmaceutical Sciences | Member |

Injury, Safety and Violence Member List

| NAME | ORGANIZATION | PAW ROLE |
|---|--|-------------------|
| PAW Leadership | | |
| Ray, Jennifer | Florida Department of Health, Bureau of Family Health Services | Internal co-chair |
| Smallacombe, Bob | Palm Beach County Fire & Rescue | External co-chair |
| PAW Members | | |
| Avery, Anne | Florida Department of Elder Affairs | Member |
| Barber, Gennifer | Florida Department of Elder Affairs | Member |
| Boswell, Patricia | Florida Department of Health in Volusia County | Member |
| Branca, Melissa | Florida Teen Safe Driving Coalition; Statewide Coordinator, Florida SAAD | Member |
| Brimer, Mark | Florida Fall Prevention & Rehabilitation | Member |
| Brzoarogaki, Susan | A Life At Home (Home Health Care) | Member |
| Bueno, Greg | Florida Highway Patrol, Public Affairs Division | Member |
| Bultman, Syndi | Lee Memorial Healthcare System | Member |
| Burke-Jones, Lakeshia | My Elder Source (AAA) | Member |
| Burzynski, Audrey | Floridians Against Aging | Member |
| Carlson, Brandy | Florida Coalition Against Domestic Violence | Member |
| Castro, Sofia | Statewide Office of Suicide Prevention | Member |
| Cody, Colleen | Florida Department of Health in Suwannee/Lafayette County | Member |
| Collins, Jessica | Office of Adoption and Child Protection, EOG | Member |
| Coonan, Terence "Terry" | Florida State University Human Rights Center | Member |
| Corley, Charles | Florida Department of Juvenile Justice | Member |
| Cott, Megan | Florida Department of Transportation, Motorcycle Safety Coalition, representative | Member |
| Crandall, Dr. Marie | FIVPAC (Research Trauma Department, University of Florida Jacksonville) | Member |
| Desir, Jemima | Florida Poison Control Center - Tampa | Member |
| Emergency Medical Services Advisory Council, representative | Florida Department of Health | Member |
| Fahrney, Scott | Florida State Alliance of YMCAs Foundation, Inc. | Member |
| Florida Impaired Driving Coalition, representative | Florida Department of Transportation | Member |
| Geary, Wynton | Senior Connection Center (SCC) - (AAA) | Member |
| Gibson, Zack | Chief of Advocate and Director, Office of Adoption and Child Protection, EOG | Member |
| Gruener, Leilani | Florida Department of Transportation | Member |
| Hodges, Mary | Florida Department of Elder Affairs | Member |
| Holley, Gail | Florida Department of Transportation, Safe Mobility for Life Coalition, representative | Member |
| Kreuscher, Sally | Safe Kids Coordinator, Southwest Florida | Member |
| Lightell, Sarah | Senior Resource Alliance, Chief Operating Officer | Member |
| Liller, Dr. Karen | Florida Injury and Violence Prevention Advisory Council (FIVPAC) & Professor and Academic Director, University of South Florida College of Public Health | Member |
| Lindsey, Jerrie | Florida Fish and Wildlife Conservation Commission | Member |
| Lolley, Chris | Executive Director, Prevent Child Abuse Florida | Member |
| Macauley, Karen | John Hopkins All Children's Hospital | Member |
| Magnole, Cindy | Injury/Violence Prevention Center, Ryder Trauma Center, Miami | Member |

| NAME | ORGANIZATION | PAW ROLE |
|------------------------|--|----------|
| Masciocchi, Jasper | University of Florida Transportation Institute – Florida Occupant Protection Coalition (FOPC) | Member |
| McCarthy, Maureen | AAA - YourARDC | Member |
| McCoy, Steve | Florida Department of Health, Bureau of Emergency Medical Oversight | Member |
| McPherson, Trenda | Florida Department of Transportation, Florida's Pedestrian and Bicycle Safety Coalitions, representative | Member |
| Natal, Andy | Florida Department of Health in Volusia County, representing Patricia Boswell | Member |
| Nobles, Madeliene | Department of Elder Affairs | Member |
| Nohelia Montoya, Carol | Florida Health Network | Member |
| Norman, Nancy | Coordinator, Safe Kids Seminole County | Member |
| Parris, Steve | Coordinator, Safe Kids Volusia/Flagler | Member |
| Pelaez, Martha | Florida Health Network | Member |
| Pierce, Deborah | AAASWFL | Member |
| Powell, Kelly | Coordinator, Safe Kids Palm Beach County | Member |
| Randolph, Tonya | St. Joseph's Children's Wellness and Safety Center | Member |
| Ray, Caroline | Department of Juvenile Justice | Member |
| Robinson, Janel | Florida State University | Member |
| Rudicell, Emil | Florida Coalition Against Domestic Violence | Member |
| Russ, Dorothy | Medical Director, AIDS Healthcare Foundation-Jacksonville Clinic | Member |
| Schmidt, Liz | South Palm Beach County YMCA | Member |
| Siljestrom, Ian | Health Equality | Member |
| Sterling, Michelle | Safe Kids Florida Coordinator | Member |
| Taylor, Penny | Florida Department of Education, Director of Healthy Schools | Member |
| Tesoro, Mark | Lee Memorial Healthcare System | Member |
| Thronsen, Amanda | Florida Department of Health, Bureau of Family Health Services | Member |
| Tillman, Alison | University of Florida Transportation Institute – Florida Occupant Protection Coalition (FOPC) | Member |
| Tufts, Nancy | My Elder Source (AAA) | Member |
| Vybiralova, Petra | Coordinator, Safe Kids Suncoast | Member |
| Wurster, Leslie | Florida Department of Health, Bureau of Family Health Services | Member |
| Young, Sherry | Area Agency on Aging for Southwest Florida (AAASWFL) | Member |
| Zipperer, Ksenia | Florida Department of Education | Member |

Healthy Weight, Nutrition and Physical Activity Member List

| NAME | ORGANIZATION | PAW ROLE |
|-----------------------|---|-------------------|
| PAW Leadership | | |
| Collins, Sadé | Florida Department of Health, Bureau of Chronic Disease Prevention | Internal co-chair |
| Safley, Robin | Feeding Florida, Executive Director | External co-chair |
| PAW Members | | |
| Adams, Win | Community Partner | Member |
| Brannon, Lynn | Building Health Military Communities | Member |
| Broussard, Karen | Second Harvest Food Bank of Central Florida | Member |
| Gordon, Jessica | Florida Breastfeeding Coalition | Member |
| Griffin, Melodie | Florida Action for Healthy Kids | Member |
| Lindsey, Jerri | Florida Fish and Wildlife Conservation Commission | Member |
| Lucas, Charla | Winter Park Health Foundation | Member |
| McCue, Tara | East Central Florida Regional Planning Council | Member |
| Moore, Britney | Florida Department of Environmental Protection | Member |
| O'Brien, Mary | Florida Department of Transportation | Member |
| Odeh, Asma | Florida Department of Health, Bureau of Chronic Disease Prevention, Healthy Schools Coordinator | Member |
| Saxton, Barbara | Smart Choices Healthcare | Member |
| Schoen, Krista | Florida Department of Health, Bureau of Child Care Food Programs | Member |
| Shelnutt, Karla | IFAS Extension, University of Florida | Member |
| Stern, Eric | Palm Beach County Schools | Member |
| Taylor, Sarita | Florida Department of Transportation | Member |
| Treadwell, Brenda | Florida Department of Health, Bureau of WIC Program Services | Member |
| Warmack, Eleanor | Florida Recreation and Park Association | Member |
| Watson, Donna | Florida Department of Agriculture and Consumer Services | Member |
| Williams, Kathryn | Florida Impact to End Hunger | Member |
| Wood, Betsy | Florida State University School of Public Health | Member |

Behavioral Health (includes Mental Illness & Substance Abuse)

| NAME | ORGANIZATION | PAW ROLE |
|--------------------------|--|-------------------|
| PAW Leadership | | |
| Jackson, Rhonda | Florida Department of Health, Bureau of Family Health Services, Violence & Injury Prevention | Internal co-chair |
| Brown-Woofter, Melanie | Florida Behavioral Health Association | External co-chair |
| PAW Members | | |
| Allman, Heather | Department of Children and Families | Member |
| Banzhaf, Marion | Florida Department of Health, Bureau of Tobacco Free Florida | Member |
| Brown, Kimberly | Florida Department of Children and Families | Member |
| Castro, Sofia | Florida Department of Children and Families | Member |
| Fontaine, Mark | Florida Alcohol and Drug Abuse Association | Member |
| Jones, Mary Beth | Florida Agency for Health Care Administration, Bureau of Medicaid Quality | Member |
| Lake-Burger, Heather | Florida Department of Health, Office of Public Health Research | Member |
| McGillen, Chuck | Florida Department of Children and Families, Office of Substance Abuse and Mental Health | Member |
| Mueller, Amanda | Florida Department of Children and Families | Member |
| Phillips-Bell, Dr. Ghasi | Florida Department of Health, Bureau of Family Health Services | Member |
| Snyder, Kristin | Sunshine Health, Contract Manager | Member |
| Thompson, Angela | Florida Department of Health, Bureau of Family Health Services | Member |

Sexually Transmitted Diseases & Other Infectious Diseases

| NAME | ORGANIZATION | PAW ROLE |
|-------------------------------|--|-------------------|
| PAW Leadership | | |
| Reeves, Laura | Florida Department of Health, Bureau of Communicable Diseases | Internal co-chair |
| Armas-Kolostroubis, Dr. Laura | CAN Community Health | External co-chair |
| Collins, Janet | Florida Department of Health, Division of Disease Control and Health Protection | PAW coordinator |
| Knight, Brandi | Florida Department of Health, Bureau of Communicable Diseases | PAW coordinator |
| PAW Members | | |
| Acevedo, John | CAN Community Health, Vice President | Member |
| Cabrera, Ana | Homestead Hospital, Miami Florida | Member |
| Castillo, Andrea | Florida Department of Health | Member |
| Cece, Jeffrey | Florida Department of Children and Families, Substance Abuse and Mental Health Programs | Member |
| Chapman, Dr. Karen | Florida Department of Health in Okaloosa County | Member |
| Choe, Dr. Ulyee | Florida Department of Health in Pinellas County | Member |
| Doblecki-Lewis, Dr. Susanne | Research Rep from a University or FL Consortium of HIV/AIDS Researchers (FCHAR) | Member |
| Donahue, Shelley | Florida Department of Health - Disease Control, Communicable Diseases, AIDS Patient Care | Member |
| Eggert, Dr. Russell | Florida Department of Health, Bureau of Epidemiology | Member |
| Elbell, Mary | Florida Department of Health in Duval County | Member |
| Elliott, Arlene | Florida Agency for Health Care Administration, Bureau of Medicaid Policy | Member |
| Escobar, Jackie | Gilead (FOCUS Project) | Member |
| George, Dan | Florida Department of Health, Bureau of Communicable Diseases | Member |
| Hamilton, Janet | Florida Department of Health - Disease Control, Epidemiology | Member |
| Lemoine, Yelitza | CAN Community Health | Member |
| Martin, Jennifer | Florida Department of Health, Bureau of Communicable Diseases | Member |
| Melbourne, Heather | Homestead Hospital, Miami Florida | Member |
| Michniewicz, Mara | Florida Department of Health, Bureau of Communicable Diseases | Member |
| O'Neill, Mark | Florida Department of Health, Bureau of Epidemiology | Member |
| Pinter, Amy | AIDS Healthcare Foundation | Member |
| Poole, David | AIDS Healthcare Foundation | Member |
| Potter, Dr. Jonell | University of Miami | Member |
| Roth, James | Florida Department of Health in Hillsborough County | Member |
| Runk, Paul | Florida Association of Health Plans, Inc. | Member |
| Ruppel, Michael | The AIDS Institute | Member |
| Ryder, Dr. Pat | Florida Department of Health, Bureau of Communicable Diseases | Member |
| Spencer, Emma | Florida Department of Health, Bureau of Communicable Diseases | Member |
| Stevenson, Dr. Mario | University of Miami | Member |
| Trepka, Mary Jo | Florida International University | Member |
| Truman, Vicki | CAN Community Health/Lutheran Social Services of Northeast Florida | Member |
| Weiss, Clayton | Florida Department of Health, Bureau of Communicable Diseases | Member |
| Wilson, Craig | Florida Department of Health, Bureau of Communicable Diseases | Member |
| Wilson, Melvena | Florida A&M University Student Health Services, Health Promotion & Outreach | Member |
| Zipperer, Ksena | Florida Department of Education, University of Florida Health Schools Project | Member |

Chronic Diseases & Conditions (include Cancer & Tobacco-related Illness)

| NAME | ORGANIZATION | PAW ROLE |
|------------------------|---|-------------------|
| PAW Leadership | | |
| Forrest, Jamie | Florida Department of Health, Bureau of Chronic Disease Prevention | Internal co-chair |
| Rust, Dr. George | Florida State University, College of Medicine | External co-chair |
| PAW Members | | |
| Barnhill, Luke | Aetna | Member |
| Bradwell, Sonja | Florida Department of Health, Bureau of Tobacco Free Florida | Member |
| Brunner, Beth | Florida College of Emergency Physicians | Member |
| Corbin, Laura | Florida Department of Health, Bureau of Tobacco Free Florida | Member |
| Fillyaw, Tami | Florida Department of Management Services, Division of State Group Health Insurance | Member |
| Friedlander, Linda | Florida Department of Health, Bureau of Tobacco Free Florida | Member |
| Gwynn, Lisa | University of Miami / Florida Chapter American Academy of Pediatrics | Member |
| Hamilton, Lisa | Northeast Florida Community Health Collaborative / Florida Community Health Worker Coalition | Member |
| Harris, Janicka | Florida Agency for Health Care Administration, Bureau of Medicaid Quality | Member |
| Hill Jr, Robert | American Heart Association/American Stroke Association - Greater Southeast Affiliate | Member |
| Hodges, Mary | Florida Department of Elder Affairs | Member |
| Hylton, Tara | Florida Department of Health, Office of Public Health Research | Member |
| Jonas, Desiree | Florida Department of Health, Bureau of Chronic Disease Prevention | Member |
| Kern, Lisa | Pasco County Schools | Member |
| Leford, Paul | Florida Hospice & Palliative Care Association | Member |
| Loriston, Daphnie | Agency for Health Care Administration | Member |
| Milson, Jay | Florida Academy of Family Physicians | Member |
| Montoya, Carol Nohelia | Florida Health Networks | Member |
| Ortiz, Clarissa | Florida Association of Community Health Centers, Inc. | Member |
| Osborn, Amy | Health Systems Advisory Group | Member |
| Porter, Lauren | Florida Department of Health, Office of Public Health Research | Member |
| Reid, Keshia | Florida Department of Health, Office of Public Health Research | Member |
| Rodriguez, Brendaly | University of Miami/Florida Community Health Worker Coalition | Member |
| Rowan, Alan | Florida State University, College of Social Sciences and Public Policy | Member |
| Sheridan, Georgia | Florida Department of Health - Tobacco | Member |
| Smith, Gregg | Florida Department of Health, Bureau of Tobacco Free Florida | Member |
| Sousa, Jennifer | Florida Department of Health, Bureau of Chronic Disease Prevention | Member |
| Stephenson, Andrea | Health Council of South East Florida | Member |
| Streit, Kim | Florida Hospital Association | Member |
| Tornillo, Merrio | Florida Department of Management Services, Division of State Group Health Insurance | Member |
| Van Caulil, Karen | Florida Alliance for Healthcare Value | Member |
| Vracar, Christina | Florida Agency for Health Care Administration, Bureau of Medicaid Policy | Member |

Alzheimer's Disease & Related Dementias

| NAME | ORGANIZATION | PAW ROLE |
|------------------------|--|-------------------|
| PAW Leadership | | |
| Branham, Michelle | Alzheimer's Association, Vice President of Public Policy | External co-chair |
| Curtin, Jeanne | Florida Department of Elder Affairs, Director of Livable Communities | Internal co-chair |
| PAW Members | | |
| Cantwell, Laura | AARP Florida, Associate State Director of Advocacy and Outreach | Member |
| Elmore, Jennifer | Florida Department of Elder Affairs, Bureau of Planning and Evaluation | Member |
| Griffis, Kristen | Elder Options, Executive Director | Member |
| Gaughan-Bailey, Bonnie | Florida Department of Health, Office of Public Health Research | Member |
| May, Dr. Damian | Medtronic | Member |
| Oldt, Laura | Caregiver, ambassador and advocate | Member |
| Rose, Vicky | Tallahassee Memorial Memory Disorder Clinic | Member |
| Tewari, Usha | Caregiver, ambassador and advocate | Member |